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ABSTRACT

This report describes the development and implementation of a kindergarten readiness screening program. Chapter I defines the terms used in the report, discusses the needs assessment that gave rise to the practicum, and presents the terminal and process objectives of the practicum. Chapter II presents reviews of related literature and similar projects and outlines the possible solution strategies considered, the role of the practitioner, the practicum action-time-input strategy design, the evaluation plans, the anticipated educational side effects of the practicum efforts and the expected resource inputs required to complete the practicum project. The processes of planning, developing, implementing and evaluating the practicum are described in detail in Chapter III. Chapter IV includes the summary, conclusions, and recommendations. (JMB)

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DEVELOPING AND IMPLEMENTING AN EFFECTIVE KINDERGARTEN READINESS SCREENING PROGRAM IN THE RE-1 VALLEY SCHOOL DISTRICT

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Maxi II Practicum
Submitted
March 7, 1977

ABSTRACT

The purpose of this practicum was to develop and implement an effective kindergarten readiness screening program in the Re-l Valley School District. The need for a readiness screening program was established. A kindergarten readiness screening program was developed and implemented that would identify children with possible learning disabilities, that would provide communications to effect follow-up, and that would assure proper counseling and follow-up. Documentation is included that supports the effectiveness of the practicum project, and the efforts required in its development and implementation.

The significance of this practicum is that possible necessary educational and emotional adjustments can be made before children experience failure in their initial educational experiences. Learning disabilities, including immaturity, can be detected and follow-up programs designed and implemented early in the school year.

This practicum report was submitted in partial fulfillment of the requirements for the degree of Doctor of Education, Nova University National Ed.D. Program for Educational Leaders, Ft. Lauderdale, Fla.

INTRODUCTION

This practicum report describes the development and implementation of an effective Kindergarten Readiness Screening Program in the Re-1 Valley School District, Sterling, Colorado.

Chapter One gets immediately to the problem, definition of the terms used in this report, and the reason for doing the practicum.

The needs assessment giving rise to the practicum problem are discussed in detail along with what was needed to prevent early education experiences that result in feelings of failure, rejection, or low self-concepts.

Terminal objectives and process objectives are presented, also.

Chapter Two presents some of the literature researched and studied by the practitioner to gain a better understanding of kindergarten readiness, screening, immaturity, special education staffing patterns, and other similar projects.

Possible solutions to the problem that were considered are defined with emphasis on steps for gaining required approval and support of the practicum plan, necessary staff involvement, needed screening, and needed evaluation.

Next, the chapter delineates the basic role of the

practitioner, the practicum action-time-input strategy design, the problem solutions selected, and the evaluation of the effectiveness of those solutions and the practicum project itself.

The anticipated educational side effects of the practicum efforts and the expected resource inputs required to complete the practicum project are also outlined in chapter 2.

Processes of planning, developing, implementing, and evaluating the practicum are described in detail in chapter 3. This chapter traces the implementation of the practicum with emphasis placed on needs assessed, the introduction of the practicum plan, the development of the screening process involving the faculty, determination of roles of faculty members, implementation of the practicum, formative evaluation, and summative evaluation, including the overall effectiveness and progress in implementing the practicum.

The chapter also introduces extensive evidence supporting the practicum efforts and success of the practicum in meeting the purpose for which it was designed.

The summary, conclusions, and recommendations are in chapter 4.

A summary is included which attempts to summarize

what has taken place from the beginning to the end of the practicum project. Continuation of the practicum with evidence of such intended continuation is provided.

Conclusions are provided as founded on the results of the practicum and recommendations for further project development and implementation are made regarding those conclusions.

The recommendations made are the result of the experience of this practitioner working with others and reviewing professional literature pertinent to this practicum.

ACKNOWLEDGMENTS

This practicum report represents the efforts of many persons. To acknowledge the contributions of all would be a difficult task. This writer would like to express sincere appreciation to Dr. David Flight, Nova University Professor and practicum proposal reader, who provided encouragement through his comments and approval of the practicum, and Dr. M. H. Tennis, who reviewed, critiqued, and approved the practicum proposal addendum. Without the approval of Dr. S. O. Kaylin, Associate in Practicum and Case Development, Nova University, this practicum would not have been possible.

This writer also wishes to thank Dr. Roger O. Blake, Superintendent of Schools of the Re-1 Valley for his encouragement, advise, and support throughout this project. Dr. Blake reviewed and commented on the ongoing practicum project and written materials submitted to him concerning the project. Dr. Robert Segerstrom, Psychologist in private practice and Director of the Diagnostic and Evaluation Clinic in Sterling, and Mr. Charles Nix, Director of Special Education, Re-1 Valley School District helped in the conceptualization of solutions, formulation of screening processes, and in formulation of the role of special education personnel used in this practicum.

This writer also wishes to recognize the time, effort, and energy given in assistance reviewing and commenting on the practicum by the designated evaluators of this practicum: Dr. Roger O. Blake, Dr. James Ousley, Coordinator, Educational Education Field Experience and Outreach Education, University of Northern Colorado, Greeley, Colorado, and Mr. C. L. Robertson, Superintendent of Schools, Julesburg School District Re-1, Julesburg, Colorado.

It would be extremely unfair if acknowledgment was not made of the kindergarten teachers, especially the Chairperson, Martha Finch, the special education staff, the school psychologists, and the elementary principals involved. The children and their parents played a central role in this practicum report.

Special appreciation is extended to my wife, Marlene, and to my four children for their encouragement and long enduring patience while this practitioner was working with the practicum through to the submission of this practicum report.

TABLE OF CONTENTS

CHAPTER		PAGE
I.	THE PROBLEM	1
	Statement of the Problem	1
	Delimitations of the Practicum	2
	Definitions of Terms Used	3
	Need for the Practicum	12
	Problematic Needs	12
	What Existed	14
	What Was Needed	16
	Terminal Objective Selected	20
	Process Objectives Considered	20
II.	SOLUTION TO THE PROBLEM	22
	Related Research Materials Studied . . .	22
	School Readiness and Immaturity	23
	Levels of Screening and Diagnostic Useages	28
	Diagnosis and Prescription: Staffing Patterns	32
	Parental Involvement	35
	Manifestations of Failure in Terms of Immaturity, Rejection, and Low Self-concept	37
	Review of Similar Projects	40
	Observation and Orientation Kindergarten Session	41
	Weston School District Project	42

CHAPTER PAGE

Early Prevention of Childhood Failure Project 43

The SCREEN Early Identification Procedure 47

Possible Solutions Defined 50

Alternate Solution Strategies Considered 53

The Conceptionalized Solution Selected and Refined 65

Indicators of Implementation (sub-objectives) Conceptionalized . . . 67

Solution Evaluation on Plan Conceptionalized 69

Achievement sub-objectives 70

Side-effects and Attitudes toward School Readiness 70

Practicum Implementation Design 72

Basic Role of the Practitioner 72

Other Staff Roles 73

Practicum Action-Time-Input Strategy Design 76

Resource Inputs Ascertained 80

Solution Evaluation Plans 82

Educational Worthwhileness 82

Formative Evaluation 83

Summative Evaluation 84

Evaluation of Planning and Estimating Techniques 90

CHAPTER PAGE

Side-effects of the Practicum 90

Revisions Needed for Improving Practicum for Future Use 90

Implementation as an Ongoing Procedure 91

III. PRACTICUM DESIGN IMPLEMENTED 93

Planning the Practicum 93

Needs Assessed 95

Practicum Plan Introduced 98

Developing and Implementing the Practicum 99

In-service Meetings, Tests and Forms Developed 100

Level One and Level Two Screening Implemented 108

The Daily Schedule of the Five and One-half Day Screening Project: Level One 112

Evaluating the Practicum 120

Educational Worthwhileness 120

Formative Evaluation 123

Summative Evaluation 125

Evaluation of Planning and Estimating Techniques 132

Resource Inputs Ascertained 132

Detailed Requirements of Solution . . 133

Alternate Solution Strategies Considered 134

CHAPTER PAGE

Practicum Action-Time-Input Strategy Design 134

Side Effects of the Practicum 135

Revisions Needed in the Practicum for Future Use 140

IV. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS . 144

Summary 144

Conclusions 152

Recommendations 154

ANNOTED BIBLIOGRAPHY 155

APPENDICES

A. Educational Needs Assessment Survey Forms . 170

B. Model Planning Format-Schematic from Zeitlin 230

C. Minutes of Board of Education Meeting . . . 231

D. Principals Administrative Council Meeting Minutes 233

1. Meeting of March 16, 1976 233

2. Meeting of April 6, 1976 235

3. Meeting of May 5, 1976 236

E. Test of Tasks (Kindergarten Readiness Screening Test) 237

F. Student Score Sheet, Test of Tasks 248

G. Classroom Analysis Sheet 249

H. Letter Forms to Parents 256

I. Evaluation Questionnaires, Kindergarten Teachers 260

APPENDICES PAGE

J. Letter from the Director of Child Study Services 348

K. Parent and Student Attitude Assessment Questionnaire 349

L. Extension Education Workshop Announcement . 377

M. Kindergarten Extension Education Report: Efficacy of the Kindergarten Pre-Screening Program 378

N. D & E Clinic Proposal for Federal Grant . . 400

O. The Kindergarten Staff Handbook 413

P. The Kindergarten Parents Handbook 427

CHAPTER I

THE PROBLEM

Statement of the Problem

The purpose of this chapter is to describe the needs giving rise to the problem of developing and implementing an effective kindergarten readiness screening program which will help toward eliminating school failure experiences in kindergarten. This chapter will also provide delimitations of the practicum and the definitions of the terms used in this practicum report. Further terminal objectives and process objectives are provided for the practicum.

Answers were sought to the following questions as a way of attempting to find the possible means of accomplishing the project and to emphasize the chief aspects of the problem:

1. What constitutes kindergarten readiness? What constitutes screening?

2. What type of readiness screening would be most acceptable as a means of accomplishing the task of creating an effective kindergarten readiness screening program?

3. What are the educational needs that would warrant the development and implementation of a kindergarten readiness screening project in the RE-1 Valley School District?

4. What are the possible alternative solutions for accomplishing the practicum?

5. What would be the practicum design to accomplish the practicum?

6. What are the time, action, and resource inputs needed to implement a practicum project of this nature?

7. What are the goal statements for this practicum, the terminal goals and the process goals in clear, succinct statements?

Delimitations of the Practicum

This practicum is delimited to developing and implementing processes, procedures, and solutions of a kindergarten readiness screening program for the Re-1 Valley School District over a period of time from April, 1976, to November, 1976, with the intent that it would result in an ongoing procedure adapted to continuous future use; a kindergarten readiness screening program that can be improved in the future.

In this practicum, emphasis is placed on developing and implementing an improved kindergarten readiness screening project to reduce school failure experiences for students who are too immature for school tasks, or who may be considered as having other learning disabilities that may require special education assistance.

Efforts are directed toward finding a means for democratic planning and decision making by kindergarten teachers, special education teachers and therapists, school psychologists, elementary principals, parents, the director of special education, and this practitioner, in the development, implementation, and evaluation of the project.

This practicum is also delimited to implementation of the practicum in accordance with the realistic constraints imposed by available resources and personnel within the school districts budget, in accordance with the best approaches suggested by the research of professional literature concerning similar projects and in accordance with available pertinent informational material.

Finally, this practicum is delimited in developing and implementing this practicum in such a way that it will enhance the educational programs in existence, and not detract from them.

Definition of Terms Used

As used in this practicum report, terms are defined as follows:

Failure: The child is not working at a level of performance deemed necessary for promotion to the next grade level, or next level of school. The child is not capable of doing school assigned tasks to a degree considered

successful. The child may realize he is doing failing work and may evaluate himself as a failure, also. This practitioner will use failure in this practicum to mean "the failure of the child to succeed in school assigned tasks."

First Level Screening: The screening, which includes group observations concerning structured play and free play, behavior in accordance to teacher assigned tasks, and the screening test which is designed to test certain cognitive, psychomotor, and visual-perception abilities during the five one-half day sessions to determine if a child might possibly be considered at "risk" with the educational tasks imposed by the Re-1 Valley School District kindergarten curriculum. The screening at Level One is not an indepth diagnosis done by competently trained and certified special education personnel and school psychologists. Any curriculum activities suggested on the basis of Level One Screening is on the basis of comparison with performance of other children during the screening project.

In-depth diagnosis and special education prescription activities are assigned during further, extensive second level screening, which is done beyond the five one-half days allocated to the spring kindergarten readiness screening program.

Level one screening may be extended in the "Probationary

Trial Period" which takes place in the fall of the following school year.

High Risk: Children who are placed in the "high risk" category due to early screening would be those children who have definite possibilities of developing academic and adjustment problems in school which can predictably be labeled as disabling within the regular classroom.

They must be referred to the school psychologist as soon as possible by the regular classroon teacher, after consulting with the elementary school principal. The psychologist will seek parental consent and begin testing immediately. He may make referrals for more in-depth evaluation and recommendations for placement of the child in special education staffing, and curriculum development disigns if the child is to be placed in the regular kindergarten program on a full or part-time basis. The child will normally be severely low in screening scores and be suspected of one or more of the following problems: severly limited intellectual capacity, immaturity, speech development problems, learning disabilities, low self-concept, hyperactiveness, agressiveness, severe withdrawal, and/or severe medical or physical handicaps.

Hyperactive, or Aggressive: These children are often very restless and are physical to such a degree that they

are easily distracted, or disturb and distract others in the classroom situation. Often, successful learning achievement cannot occur. These children may be helped if brought to the attention of the special education staff for evaluation, and for possible further referral, such as a medical examination, and/or an in-depth psychological evaluation.

Immature: A child is defined as being immature, or manifesting immaturity, when he is not ready to perform certain tasks or shows a lack of behavioral ability normally shown by other children of the same age group. Immaturity may also consist of the inability to conceptualize the learning task. Immaturity in school generally reflects overplacement and is sometimes conceived as synonomous. Correct placement, or retention, are often thought of as correction for immaturity.

In-service Training: The information, communication, development and implementation, and evaluation procedures are assessed by the kindergarten teachers, special education staff, psychologists, administrators, and the practitioner in order to assess needs for training components for those professionals involved in this practicum. The information and procedural components were combined with meetings that helped to develop concepts and roles that individuals would be assigned to perform.

Kindergarten Orientation: This is a term used to indicate the familiarization of the parents to the role, importance, and activities of kindergarten. Knowledge and comfort about what to expect from the kindergarten readiness screening, Level One and Level Two screening processes, and the "Probationary Trial Period," are implied in the term.

The term is also used in conjunction with allowing children to become somewhat familiar with the kindergarten teacher, the classroom, and some of the other kindergartners.

Learning Disabilities: Various authors agree on most of the learning disabilities that impede success in accomplishing learning tasks. A generally accepted list would include the following:

Physical illness or handicap

Vision handicap

Hearing handicap

Significant limited intellectual functioning handicap

Significant indentifiable emotional handicap

Identifiable perceptual or communicative handicap

Speech handicap

Immaturity

Different authors will list these differently, or categorize them differently, or leave some out. This list is included here only to help define the word.

Low Self-concept: Lack of success often results in low estimates of self in terms of worth, acceptance and success. Many authors report that self-worth and achievement in learning correlate highly. There is some debate as to whether or not students come to school with low self-concept, or that lack of success in school develops low self-concept. Low self-image often results from continous failure and students who have low self-concept do not appear to successfully achieve regularly in school. The early experiences in this area at school, according to some authors, sets the stage for later years as far as success and self-concept in school is concerned.

Marginal Risk: A child who has the possibility, according to the kindergarten screening, of developing academic and adjustment problems in school without possible special education intervention may be a "marginal risk." Such a rating at the kindergarten level will generally show the child to have two or more academic and/or emotional adjustment problems. Experiential deprivation, limited intellectual capacity, speech development problems, learning disabilities, low self-concept at the beginning of school, slight immaturity, hyperactivity, aggression, slight physical handicaps, or withdrawal would all fit into this category. Parents are to be informed, referral permission is to be sought, and special education staff members are to

be alerted to observe marginal risk children as early as possible in the fall.

Parental Involvement: The role of the parent in involvement in the Kindergarten Readiness Screening Program is emphasized as important and active. The parent knows more about the child than does any other person; therefore, the parent is used as an informational resource person. A decision maker role concerning enrollment and maturity, Level Two screening, removal of child, or placement into special education programs are included in this practicum's definition of parental involvement. Certain parent experiental and learning activities are suggested for parental involvement during the summer months, as well.

Probationary Trial Period: An observation time in the fall of the year in which further readiness screening can take place for specific children. This period is referred to by this title to infer to parents that the period is for further observation, diagnosis, and placement decision.

If a parent will not accept a recommendation concerning the withholding of a child's education for another year due to immaturity, the teacher confers with the parent about the Probationary Trial Period. The teacher may want to use this period as a trial basis for a slightly immature child.

The period also implies that all special education observation should be completed and intervention programs implemented by the time this period is completed.

Readiness: A term in this paper used to define a capability to begin to do learning tasks such as are presented to students in school: student readiness for school tasks.

Some of the literature and some professional practices define readiness as school readiness, i.e., the school is ready to meet the childs needs and to present tasks only that the child can successfully accomplish. The practitioner leans toward the latter definition but past practices cannot be changed so quickly throughout an entire school district; therefore, we must screen for readiness until we are at the point where we are ready for every child while we are moving in that direction.

Rejection: The child rejects the school situation in which he feels insecure, unsuccessful, and as a failure. If he does not feel successful, he will often withdraw or openly reject the school. Since rejection is an observable behaviour, this practitioner has chosen it as a criteria that may show that certain children have a negative attitude about school.

Risk: The term risk in this papers means that the child may have impediments to learning and school adjustment

that could lead to damaging and complicated effects of failure. "Risk" is often found in the literature to be modified by such terms as "low," "marginal," and "high risk." In this paper "risk" would mean the lowest possibility of risk, or "low risk." Teachers are asked to rank students only to assure that those with the higher risks as tentatively indicated by the screening level of the teachers, are given the highest priority for psycholcgicals, or other evaluations. Risk may include suspected problems such as slight immaturity, children with limited intellectual capacity, children with learning disabilities, or children with language development problems. Only one of these areas is suspected of a child placed in the "risk" category.

Second Level Screening: Level Two Screening is in-depth and is performed by a member of the special education staff beyond the first level screening. Tests for learning disabilities such as limited intellectual capacity, emotional handicaps, identifiable perceptual or communicative handicaps, and speech handicaps are second level tests. Tests for multiple handicaps are second level tests. The tests are individual, diagnostic and require time beyond the Level One screening done in the five one-half day screening program. This testing

is done during the summer months and fall for this project.

Need for the Practicum

Problematic Needs: At a meeting in early March, 1976, held for the purpose of planning our annual one-half day Kindergarten Roundup to be held in early May, the kindergarten teachers complained that it was too difficult to counsel immature children out of the full-day kindergarten which had been implemented during the fall of 1975.

The kindergarten teachers, the practitioner, and Director of Child Study Services Center agreed to another meeting to discuss the problem further and design an elementary school needs assessment survey to determine the extent of immaturity, low-self image, school rejection, and hyperactive-aggressiveness that occured in each grade school's classroom situation during the 1975-76 school year.

The survey of every classroom teacher in the Re-1 Valley School District revealed that out of 1,841 regularly enrolled students in grades kindergarten through six, the students were identified as immature, of low self-image, rejected school in behaviour or were hyperactive-aggressive, as reflected in the chart on page 13. The total retained and recommended for retention was also indicated.

1975-76 STUDENTS AS VIEWED
BY THEIR TEACHERS

GRADE	IMMATURITY	LOW SELF IMAGE	REJECTS SCHOOL	HYPER. OR AGGRESS.	REC. AND/OR RETAINED
KINDERGARTEN	33	27	4	27	20
FIRST	56	38	12	33	31
SECOND	20	18	7	10	14
THIRD	14	13	4	11	9
FOURTH	10	15	8	7	1
FIFTH	10	13	9	3	4
SIXTH	14	20	7	6	1
TOTALS	157	144	51	97	80

The single most salient indicator was asked for each child with the exception of the recommended and/or retained column which could be used to report what happened to the child.

The categories in the table reveal that immaturity, low self-image, rejection of school, hyperactivity, and aggression exists throughout the elementary school.

When the totals of each category are divided by the total enrollment the percentage of incidence is as follows:

Immaturity	8.5%
Low self-image	7.8%
Rejection of school	2.7%
Hyperactive or aggressive	5.2%
Recommended for/or retained	4.3%

In other words, 4.3% of children suffer a failure experience, and are retained or should have been retained

this school year. Immaturity is evidenced throughout the grades. (See appendix A.)

The incidence for 274 kindergartners is as follows:

Immaturity	12%
Low self-image	9.9%
Rejection of school	1.5%
Hyperactivity or aggression	9.9%
Recommended for/or retained	7.3%

The number of students retained for a second year is 10. Of these, five were kindergartners. This figure was obtained from elementary principals.

The kindergarten teachers, elementary principals, and central office administration felt the problem of immaturity, low self-image, subsequent rejection, and incidences of hyperactivity and aggression at school was a pervasive enough problem to attempt to require corrective action.

What Existed: The lack of an effective kindergarten readiness screening program was a problem in the Re-1 Valley School District. The problem was manifested by the following "symptoms."

1. Students are placed into our kindergarten program upon reaching age 5 by September 15. They were often too immature to succeed. They unnecessarily experienced failure, rejection, and low self-concept before help was provided.

2. Kindergarten is offered as an all-day program in our school district. Parents are not as easily counseled

into removing their children during the school year on the basis of immaturity as they were so couseled when kindergarten was only a one-half day program.

3. Students who are a "risk," who have a possibility of needing special help during the school year were not identified for teachers before they entered the school year. Kindergarten teachers and special education teachers wanted more information about their students before they arrived, in order to be better prepared in designing curriculums to meet their needs.

4. No observation of children in play with other children was possible in a one-half day screening session. Play is an important activity which can be observed and assessed. Cooperative play and parrallel play should be observed, according to one psychologist consulted, as part of the behaviour comparison assessment.

5. No observation of the children was possible without the parents presence under the one-half day screening process. Observation of a student's ability to be separated from parents for a prolonged period of time was not possible, and such observation is considered an essential part of a readiness screening project.

6. Some children who were considered as "high risk" in a faulty, one-half day kindergarten screening program may have been children who should have been in school

because they were not "immature" only, but were possibly experientially deprived, or had other learning disabilities. More information and observation appeared to be necessary for appropriate counseling with parents, for more appropriate curriculum design, and for earlier intervention of specialists.

The problem described in terms of what existed implies a general disatisfaction with the then existing screening program. The screening program also was used for the purpose of obtaining some data for estimating the following kindergarten enrollment patterns. It was highly unreliable for such use. For example in the fall of 1975, one kindergarten teacher and four aides were hired to help in kindergarten after school had begun due to unexpected enrollment. Fourty-two percent of children who enrolled in the fall had gone through the Kindergarten Roundup, the one-half day screening program. An assumption was made that even the lay people did not have much confidence in the process.

The existing conditions and data led the practitioner and professional staff involved to seek to define "what should be" to see if discrepencies could be determined that could be systematically approached.

What was needed: It seemed apparent that the development of an effective kindergarten screening process was needed, which would through well planned efforts,

eliminate the previously cited deficiencies, and would eventually eliminate such unacceptable percentages of failure, immaturity, retention, low self-concept, and behaviour symptomatic of hyperactive-aggression on a long term basis.

The readiness screening program, in order to be as effective as possible, needs to involve as much as possible, all participants, the staff, the administrators, the parents, and in the case of pre-school students, their needs as identified by professional literature and professional opinions.

The effective kindergarten readiness screening project should be one that could be revised as needed; revision being a part of the review and evaluation cycle that would hopefully be adapted. The screening program needed to be a continous process adapted by the school district, whether revised or not.

The kindergarten readiness screening project that is needed must recognize that problems in school readiness must be discovered, observed, evaluated, and diagnosed with prescriptive action implemented as soon as possible. Such action should be limited only by financial and other resource constraints. The professional staff should be working with a clearly defined and well supported screening program that communicates in a systematic matter.

The kindergarten readiness screening program should have a method of evaluation so that participants responsible for the program can improve it based upon data and other inputs. Evaluation for such a program should be both formative and summative, to ensure effective and efficient progress as well as a determination of how the program had done in accomplishing the objectives for which they were designed.

The parental involvement aspects of the program need to be developed so as to gain the full benefit of parent involvement. Since the use of volunteer aides is not a realistic possibility in some of our schools, and since all mothers cannot be involved as aides, we did not conceive of involving mothers as aides in the classroom. However, mothers do know more about their child than any other person at the kindergarten entrance and are important observers of their child's behaviour up to that time. They should be involved in information input, curriculum decisions, report on children's feelings as expressed at home, involved in educational placement in special programs by sitting in on staffings, and working with the child during the summer on certain school activities and providing certain experiences to the child if these activities are suggested.

The effective kindergarten readiness screening program

must deal with the problem that some parents refuse to accept the evaluation findings that their child may have learning disabilities. Further observation time and evaluation may be necessary, such as in a fall Probationary Trial Period. Some professional staff members may recommend further observation in the classroom situation as well, and on a trial basis only. Such a Probationary Trial Period does not appear to present a mind set for students and their parents that the child should plan to stay in kindergarten just because he is there.

As much as possible, within the known constraints, the initial experience in kindergarten should be a successful one. The school should be ready to assure that each child, with his or her own individual readiness development, or learning disabilities will be taught on the basis of individual needs as assessed. However, the state of development of the Re-1 Valley School District in such individualization in instruction, and the resources required to provide such a school readiness philosophy must be realistically considered among possible alternate solutions.

A kindergarten readiness screening program which attempts to effectively reduce failure experiences before special needs are identified apparently is needed in the Re-1 Valley School District.

Terminal Objective Selected. The objective which would seem to best meet the needs was selected. The terminal, main objective of this practicum is to develop an effective kindergarten readiness screening program in the Re-1 Valley School District.

The screening program is to provide information concerning students with special needs and appropriate counseling, curriculum needs, and follow-up before the end of the first six weeks of school.

Process Objectives Considered

The attainment of the terminal objective can be obtained in the development and implementation of an effective kindergarten screening program. Such a program would be a process objective. Included in the process objectives to obtain this main process objective would be the following:

> To develop or adapt a testing instrument that could be used within the known constraints and available resources that would tend to indicate possible immaturity or other learning disabilities when compared to the performances of other children.
>
> To develop a screening program which provides adequate observation of children in school tasks and in supervised and free play. Such observations add to evaluation concerning maturity, learning disabilities, and general knowledge concerning the children.
>
> To develop a screening program that promotes parental understanding, support, involvement, and decision making.
>
> To develop a screening program that has effective communications and involvement with the special education staff in such a way that needs of children are tentatively identified,

observed, and prescribed as soon as possible in view of constraints and resources.

To develop and implement a screening program with available staff before school begins and to complete as much appropriate screening counseling diagnosis, and prescriptive knowledge as is possible before school begins.

To develop and implement an evaluation process which promotes continuous needs assessment for an ongoing kindergarten readiness screening program, as implemented and revised. The revision process implies the development and implementation of formative and summative evaluation processes in attempting to eliminate discrepencies between what exists and what is needed in developing and implementing an effective kindergarten readiness screening program.

CHAPTER II

SOLUTION TO THE PROBLEM

The purpose of this chapter is to describe what the practioner conceptualized as a solution to the problem and to relate to the reader some of the pertinent research done, the review of similar projects, and to seek solutions for resolving the problem. This chapter also describes the possible alternative solution strategies considered and the solution design developed and adopted for accomplishing the practicum.

Related Research Materials Studied

Practitioner, Donald White, studied and did research in the areas of readiness and immaturity, levels of screening and diagnostic usages, prescription education and staffing patterns, parental involvement, and the manifestation of immaturity, failure, rejection, and low self-concept in the literature as they could be applied toward the development and implementation of an effective kindergarten readiness screening program in view of the known constraints, and available resources.

It was assumed that a prudent analysis of these aspects would assure sufficient understanding and awareness of what was needed to implement an effective kindergarten readiness screening program in a manner that would benefit children and would not expose them to any harm.

School Readiness and Immaturity. The main source for a good overview of the problem and definition of school readiness, and its concern with the immaturity of the pupil comes from the book entitled, School Readiness.[1] The authors, Ilg and Ames, are staff members of the Gesell Institute of Child Development which has been involved in the study of child development since its founding as the Yale Institute of Child Development in 1911. Some of their comments are rather pertinent to the point of school readiness and immaturity.

Ilg and Ames state that all their findings emphasize behavioral maturity:

> All our findings suggest that no matter how good the instruction and how adequate the school situation, boys and girls still need to have attained a certain level of readiness or of behavioral maturity before successful learning can take place. The demands of the learning situation must match the childs maturity.[2]

Further,

> Possibly, the greatest single contribution that can be made toward guaranteeing each individual child will get the most possible out of his school experience at what for him is the "right" time. This should be the

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[1]Frances L. Ilg and Louise B. Ames. School Readiness. New York: Harper & Row, Publishers, 1972.

[2]Ibid., pp. xviii-xix

> time when he is truly ready and not merely some time arbitrarily decided upon by custom or law.[3]

Ilg and Ames propose that each child be given a test by trained observers. They have developed such a test that is individualized and requires much time. A tester, evaluator, is recommended in each elementary school building. They state it is the behavioral level which gives the correct clues to good placement.[4]

They further state that the judgement of most kindergarten teachers rate very well with their developmental findings concerning readiness.[5]

Bruner presents us something of a quandary when he states that readiness is taught. His concept is that learning is a matter of readiness, the state of possessing certain skills or concepts so that more skills and concepts can be taught. It is an educators task to develop readiness: "one teaches readiness or provides opportunities for its nurture, one does not simply wait for it."[6]

Neither does Piaget view maturation as a product of the passage of time alone. He is quoted in the Suggested

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[3] Ibid., p. 14.

[4] Ibid., pp. 17-18.

[5] Ibid., p. 347.

[6] Jerome Bruner. Toward a Theory of Learning. Cambridge: Harvard University Press, 1967, p. 29.

Guidelines for the Identification of Handicapped Preschool Children as stating the following about maturation and situations:

> In some social environments the stages (of cognitive development) are accelerated, whereas in others they are more or less systematically retarded. This differential development shows that stages are not purely a question of maturation of the nervous system but are dependent upon interaction with the social environment and with experience in general."[7]

The challenge presented by the Colorado Department of Education, is to provide the most appropriate experiences for each child's unique pattern of development upon entrance into school.

Ames, Gillespie, and Streff state the number one cause for failure in school is that children are too immature for the grade they are in. They state that immaturity and misplacement are practically synonymous and that correction of placement is the correction for immaturity.[8] They further comment that they are in agreement with Dr. William Glasser that schools could be,

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[7]Colorado Department of Education. Suggested Guidelines for the Identification of Handicapped Preschool Children. Denver: Colorado Department of Education, 1976, Appendix D.

[8]Louise B. Ames, Clyde Gillespie, and John W. Streff. Stop School Failure. New York: Harper & Row, Publishers, 1972, pp. 68-70.

and should be without failure, but until schools are able to handle each child as he or she arrives in school, then entrance into school and further promotions should be based upon observations concerning demonstrated behavioral maturity levels equal to the tasks established by the schools. Until schools are doing the things that Glasser suggests, the authors suggest that we approach the problems in the context of realities as they exist today.[9]

Brenton discusses several different concepts of readiness and immaturity, and we have seen some different viewpoints as they are presented in the literature reviewed thus far. Immaturity according to Brenton is always measured in performance comparison to tasks, or in comparison with the performance of others while doing tasks. School readiness may mean many things. Pertinent to this paper is that readiness may mean the capability of the child to perform tasks in an established curriculum; or school readiness may mean the school is capable of meeting the needs of each child whatever his or her curriculum needs may be.[10]

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[9] Ibid., p. 8

[10] Anton Brenton. "Nature and Meaning of Readiness for School," Issues and Innovations in the Teaching of Reading. (Joe Frost, ed.) Atlanta: Scott, Foresman and Company, 1967, pp. 55-80.

Moore and Moore stress the complexities of factors that must be taken into consideration concerning the level of maturation of a child. These are the development of the child's brain, vision, hearing, perceptions, emotions, sociability, family, and school relationships. For each of these factors, the authors contend, there is a level of maturity at which most children can without serious risk, leave normal homes and begin typical school tasks. They also contend that the "aspects of human development, or the variables within the person, include the affective, psychomotor, perceptual, and cognitive behavior....When all the variables have matured, an appropriate state of readiness has been reached for structured school learning experiences."[11]

From the literature, the practitioner and the participants have come to view immaturity as a state of development that can be measured in terms of readiness to perform certain educational tasks. Readiness and immaturity are made up of complex factors within an individual, and possibly can, to some degree, be influenced into further development if the school is prepared to deal with it properly. Overplacement and immaturity may be

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[11]Raymond S. Moore and Dorothy M. Moore. Better Late than Early: A New Approach to Your Child's Education. New York: Reader's Digest Press distributed by E. P. Dutton & Co., Inc., 1975, p. 34.

considered synonomous and corrected placement appears to be one acceptable treatment for immaturity.

Levels of Screening and Diagnostic Usages. The screening models presented in the literature which was reviewed are all apparently established on the premise that the qualities for which they are testing, or screening, are testable, or observable. The consulting psychologists, and the three psychologists who work on contractual agreements through the Northeastern Mental Health Clinic express a word of caution about simplified screening procedures. They agree that Level One testing is appropriate for the classroom group testing and group behavioral observation. They further agree that maturation is really difficult to evaluate even in individualized diagnosis, and that only severe cases of immaturity ought to be established because the maturation process that can take place during the three months of the summer can be surprisingly adequate for some children considered immature in the spring.

These psychologists also advised caution during screening because what may appear to be immaturity to some observers and evaluators at Level One may be more accurately assessed as experiential deprivation, severely limited intellectual capacity, inadequate language development. perceptual and communication handicaps, or emotional handicaps.

Zeitlin reviews definitions of educational screening by several authors and synthesizes them into a definition of her own:

> Screening is a short procedure to identify those children who might have characteristics of high risk learners. This possibility is confirmed or rejected by diagnosis. It is a technique for educational planning, not predicting. Screening is the first step of a process which is called the screening program. Lessler differentiates the two terms as follows: Screening is a technique for acquiring information about a large number of people, which may have significance in their lives; a screening program does something about the problems that have been identified.[12]

The purpose of screening as described by Senf and Comrey is to identify children with a high risk for encountering academic and adjustment problems in school, to provide teachers with a broader basis for making educational decisions about each pupil, and to provide focus for diagnostic follow-up. The procedure includes direct child assessment by teachers, rating by teachers of their behavioral performances in relation to others, and a communications systems for effecting a service delivery system such as further diagnosis and corrective follow-up.[13]

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[12]Shirley Zeithlin. Kindergarten Screening: Early Identification of Potential High Risk Learners. Springfield: Charles C. Thomas, Publisher, 1976, p. 11.

[13]Gerald M. Senf and Andrew L. Comrey. "State Initiative in Learning Disabilities: Illinois Project SCREEN, Report I: The SCREEN Early Identification Procedure," Journal of Learning Disabilities. August/September, 1975, pp. 54-55

The screening program was formed, according to Senf and Comrey, in recognition of the educational community's desire to identify children having a "high risk" for school problems before failure further lowers their academic and adjustment potential.[14]

Ames, Gillespie, and Streff recommend as a screening process that all children before starting school be given a simple behavior test, theirs or someone elses, and then grouped accordingly. They say that the test should be given in May or June to all children who are candidates for kindergarten for the coming fall and the test results should be used to separate the children into the following groups: Those ready for a "full kindergarten experience," those ready for only a "pre-kindergarten experience," and those who will probably spend two years in kindergarten, and those who because of immaturity are not ready for a pre-kindergarten, who should be kept home for another year or placed in a nursery school.[15]

The Colorado Department of Education suggests that screening programs should be the result of careful planning and efforts to maintain high standards. The dividends will pay off in the avoidance of unnecessary screening or

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[14] Ibid., p. 55.

[15] Ames, Gillespie, and Streff. op. cit., pp. 205-206.

or inappropriate screening which is useless and costly, and also create undue anxiety among people being screened, and in this instance, their parents.[16]

Any child that is having positive screening findings should be evaluated more completely with complete medical and developmental histories, a physical and neurological evaluation, and audiological and visual testing.[17]

Such second level diagnosis may include examinations by psychologists and other trained evaluators for such learning disabilities as immaturity, limited intellectual capacity, physical illness or handicap, vision handicap, auditory handicap, emotional handicap, perceptual or communicative handicap, and speech handicap.[18]

Such second level screening, or diagnosis, has several significant uses, according to Zeitlin:

1. To create a developmental profile for child which identifies areas of strengths and weakness, preferred or problem modality, learning style and special talents;
2. To develop personalized learning prescriptions for each child;
3. To refer to outside agencies for further diagnosis and possible remediation of problems beyond the resource of the school;
4. To provide an overview of a class for planning personalized learning programs;

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[16] Colorado Department of Education. op. cit., Appendix D.

[17] Loc cit.

[18] Loc cit.

5. To provide baseline data for record keeping;
6. To help set appropriate expectations for each child so that he may have successful school experiences;
7. To facilitate the appropriate placement of children;
8. To facilitate re-examination of curriculum expectations and educational planning.[19]

The author notes that the uses for diagnosis are based upon selections made by planners of such screening programs based upon staff, resource, and political realities that exist.[20]

Diagnosis and Prescription: Staffing Patterns. The literature reveals that different educational prescriptions are recommended for students based upon student needs, resources available, staff philosophies and expertise, and political realities as they exist.

The diagnosis, or Level Two screening, for disabilities may turn up different levels of readiness for school, on the student's part, or upon the school's part in readiness for the child.[21]

The teachers know the classroom tasks and are the first professional people who observe the children according to Keogh, Tchir, and Windegurth-Behn

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[19] Zeitlin. op. cit., p. 16.

[20] Ibid. p. 16-17.

[21] Brenton, op. cit., p. 75

therefore, they represent a useful first level in the identified "high risk" children. Teacher's observations may provide information of the child's performance in the classroom settings, also provide insight into the child's learning styles, problem solving strategies, and behaviors which facilitate or interfere with success or school tasks. Such data are often more useful in remedial planning than are psychometrically derived scores which serve to classify, not explain, school failure.[22]

They further stress that it is difficult for teachers to pinpoint the exactness of the learning disability, but they can detect its presence. Teachers were also found to be aware of the hazards of early identification.[23]

Senf, Luick, and Sawyer point out the valuable contribution that parents play in the gathering of data for diagnosis. They know more about the child than does any other person concerning his or her early years. They have medical history, behavioral and emotional knowledge, and knowledge of children's abilities to perform certain

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[22]Barbara K. Keogh, Chery Tchir, and Adele Windeguth-Behn. "Teacher's Perceptions of Educationally High Risk Children," Journal of Learning Disabilities. June/July, 1974, pp. 43-50.

[23]Loc. cit.

tasks. They should be included in all levels of screening, diagnosis, and whenever feasible, educational prescription staffing sessions.[24]

Special educational staff personnel who will be working with the children, and other diagnostic specialists should be included in planning, developing, and implementing the screening levels and the diagnostic data and its possible usages. This matter of effective communications and involvement of parents is treated in detail in a chapter entitled "Parents" by Ilg and Ames.[25]

The model of screening recommended by Zeitlin, after reviewing five models in depth, is one that is called the interaction model. This model recognizes the interrelationship between the child's development, his ability to integrate and process information, and the influence of the environment. The persons involved in the first and second levels of screenings would have such information available to them, and could all contribute effectively within this model.[26]

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[24]Gerald M. Senf, Anthony H. Luick, and Beverly P. Sawyer. "State Initiative in Learning Disabilities: Illinois Project Screen - Part IV, Service Materials and Content Monographs," Journal of Learning Disabilities. December, 1975, pp. 14-23.

[25]Ilg and Ames, op. cit., pp. 317-326.

[26]Zeitlin. op. cit., p. 35.

These are the same people, personnel, who will work with the child after Level One or Level Two screening, who will provide educational prescriptions, and further feedback about effectiveness of such prescriptions.

Parental Involvement. It is a well accepted principal of educational research that parental involvement in the school leads to favorable attitudes toward education in their children.[27]

The role of the parent as an important data resource concerning a child is stressed along with the important influence any parent has in educational placement decision making for special needs by Ilg and Ames in a clear, succinct matter.[28]

Senf, Luick, and Sawyer present the opinion that parents possess a body of knowledge about every preschool child. Direct testing must be supplemented by parent information. There are problems in accuracy in recall, however, caution the authors. The information is most effective in the primary level screening of Level One, and is very useful with later more specific diagnosis. The

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[27]Robert L. Green, Rita Bakan, Joseph McMillan, and Laurence Lezote. "Research and the Urban School," Second Handbook of Research on Teaching. Chicago: Rand McNally College Publishing Company, 1973, p. 621.

[28]Ilg and Ames, op. cit., pp. 317-326.

feedback that parents provide is important also as a means of evaluation of the prescriptive actions implemented by the staff.[29]

Lambie, Bond, and Weikart report that their findings indicate that parents can effectively teach activities and provide experiences that can be measured in preschool-aged children.[30]

Parker describes comparative preschool curricula and indicates among other information about each program, the parental involvement in each. Parental roles are generally described as to know what the school is doing, its goals, its activities, and supporting the school at home.[31]

The important role of parental involvement will be emphasized in this practicum in order to develop and implement a kindergarten readiness screening project that is the most effective possible within known constraints and available resources.

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[29]Senf, Luick, and Sawyer, op. cit., p. 18.

[30]Delores Z. Lambie, James T. Bond, and David P. Weikart. Home Teaching with Mothers and Infants. Ypsilanti: High/Scope Educational Research Foundation, 1974. pp. 115-117.

[31]Ronald K. Parker, "Comparison of Preschool Curricula," The Preschool in Action: Exploring Early Childhood Programs. Boston: Allyn & Bacon, Inc., 1972.

Manifestations of Failure in Terms of Immaturity, Rejection and Low Self-concept. The literature which was reviewed in this segment addresses the problem of the results of these observable characteristics as they may relate to one another and their consequential importance.

Another way of stating the importance of this segment is that what we are looking for in the literature is some way of determining the cost if we do nothing to alleviate the problem of having something less than an effective kindergarten screening program.

Coombs states that the researchers have known of the importance of self-concept for years, he states further:

> We know the crucial part it plays in every aspect of human behavior. We know, for example, it is the basic cause of failure in all school subjects.[32]

Weinstein and Fantini describe an undifferentiating child and the failure syndrome in an easily described thought process: "I failed math, therefore I am stupid, therefore I am a worthless person." They observe further that "Perceptions and responses at any given time depend on

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[32]Arthur Coombs, "Humanizing Education: The Person in the Process," Humanizing Education: The Person in the Process. (Robert Leeper, ed.) Washington, D. C.: Association for Supervision and Curriculum Development, 1967, p. 73.

feelings and thoughts that accompany them."[33]

Stern and Gould state that maturation of readers for certain skills and readiness concepts are directly related. Early, success or failure, determines the child's attutude toward learning. If he has failed, he will carry with him a severe handicap.[34]

Senf and Grossman present their findings that if children with learning disabilities receive less than adequate attention, they fall further and further behind their age mates. In order to get into an appropriate program, they must often fail. They will then, possibly, receive whatever benefits are available in the schools remediation services, at the cost of considerable self-esteem. "And in some cases the cost of getting into an appropriate program may never be amortized."[35]

Glasser concurs, stating that:

> "Those who fail provide a reservoir of people who populate our

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[33]Gerald Weinstein and Mario Fantini. Toward Humanistic Education: A Curriculum of Affect. (A Ford Foundation Report) New York: Praeger Publishers, 1970.

[34]Catherine Stern and Toni S. Gould. Children Discover Reading. Syracuse: Random House/L. W. Singer Company, 1965, pp. 12-13.

[35]Gerald M. Senf and Ronald P. Grossman. "State Initiative in Learning Disabilities: Illinois' Project SCREEN: Report III: Local and State Opinion Regarding the Concept of Learning Disabilities," Journal of Learning Disabilities. November, 1975, p. 58.

> jails, mental hospitals, and welfare rolls, people who live in misery and failure, whose only stepping stone to success, and education, is no longer available....these educational failures are rarely patched up by welfare workers, prisons, or mental hospitals. Convinced of their failure, they live their lives in resignation or rebellion."[36]

He further writes that many situations in school contribute to failure and even accentuate the seriousness of failure.

Shaw indicates that his findings reveal that underachievement and negative self image are positively correlated, and that hostility toward school is definitely related.[37]

Klaser cites psychopathological findings among disabled readers:

1. Anxiety in sixty-five (65) percent of cases.
2. Lack of concentration, thirty-nine (39) percent.
3. Immaturity, thirty-three (33) percent.
4. Low frustration threshold, thirty-one (31) percent.
5. Withdrawal, twenty (20) percent.
6. Aggression, fourteen (14) percent.
7. Defensive reaction, twelve (12) percent.[38]

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[36]William Glasser. Schools Without Failure. New York: Harper & Row, Publishers, 1969, pp. 9-10.

[37]Merville C. Shaw. "Underachievement: Useful Construct or Misleading Illusion," Psychology in the Schools. 1968, pp. 41-46.

[38]Edith Klaser. The Syndrome of Specific Dyslexia. Baltimore: University Park Press, 1972, pp. 84-85.

Senf and Sushinsky state that this cost is too high and further the blame rests with schools and society:

> Individual differences must not continue to be a source of embarrassment, ridicule, or stigmatism. Schools which fail to teach children because their curricular approaches ignore pupil uniqueness must not be allowed to use the moral authority of society to brand the non-adapting as disabled. Adults take the responsibility for creating institutions so complex that they themselves become baffled and defeated as do the children.
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> Instead schools must acknowledge failure of the child-school interaction for which, at the very least, both the child and the school are responsible.[39]

The failure experience that is tied in with lack of readiness, immaturity, learning disabilities, and misplacement is costly, and can be somewhat corrected through an effective screening program that provides adequate follow through. The cost of doing so is made worthwhile when we review the literature for the cost of not doing so. The literature also reveals that it is clearly the schools' responsibility to correct the situation as much as possible.

Review of Similar Projects

The literature reviewed gave the practitioner specific ideas and general concepts about immaturity,

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[39]Gerald M. Senf and Leonard W. Sushinsky. "State Initiative in Learning Disabilities: Illinois' Project SCREEN: Report II: Definition and Illinois Practice," Journal of Learning Disabilities. October, 1975, pp. 56-57.

readiness, screening, parental involvement, the costs for not doing anything, and a sense of responsibility for correcting the schools' present practices.

The literature of three similar projects were reviewed to obtain some details about goals, parental involvement, screening practices, participants, staffing patterns, timing, costs, communications, follow-up, and evaluations. These are reported on succinctly in the following pages, emphasizing the items of interest and applicability.

The practitioner visited and observed a fourth similar project. He visited with the classroom teacher, the elementary school counselor, and the Superintendent of Schools concerning some of the same items reviewed in the literature. This project visit is reported as well.

Observation and Orientation Kindergarten Session. Julesburg, Colorado. The session in Julesburg is held for kindergarteners for one week. The kindergarten teacher and the elementary counselor observe the child for one week. Behavior with school tasks and with other children is observed. There is no screening device. If a child is suspected of having a learning disability that will impair his, or her, learning the matter is referred to a school pyschologist who is on contract to serve the

school district from a Board of Cooperative Educational Services.

All communications are informal. Immaturity in extreme cases only are kept out of school in close cooperation with parents' concerns.

The screening is Level One and the main goal is to let the teacher and students get to know one another.

The evaluation is informal; however, the Superintendent said that they have been doing this for several years and would not do away with it. All participants support the program.

There is no cost involved, no additional staff is required, the week is during the last week of school when the regular kindergarten children are sent home one week early.

Weston School District Project. This is a screening project reported by Ilg and Ames, in School Readiness.

They use tests and recommend that other schools do so also for screening and diagnosis. They propose that all the students be tested.

They tested children for correct placement into various groupings for educational practices at the kindergarten level and other grades as well. Their emphasis is upon behavioral maturity and learning style as seen in their recommended placements of kindergartners:

kindergarten, pre-kindergarten, reality bound kindergarten, and withdrawal.

Their definition of maturity and school readiness is helpful to this project. The behavioral level of a child must be developed to the point where he can succeed at school tasks and in the school environment. Immaturity is in comparison to performance of others and in comparison to tasks.

Their results in their screening procedures, all done individually with in-depth diagnosis was validated statistically in determinations of immaturity and over-placement findings. They conducted a similar research study at another school district to compare findings, and their findings validated the Weston School District Project Findings.[40]

This project was one of the early ones done for school readiness screening.

Early Prevention of Childhood Failure Project. This project has been validated by the United States Office of Education as to integrity of the project and its findings as being a successful project in terms of its goals and activities.

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[40] Ilg and Ames. op. cit., pp. 19-27

The emphasis on screening is for the obtaining of information for correct placement and if necessary for correct special education curriculum design. Often further observation is recommended as a follow-up activity.

All kindergarteners for the following school year are tested during the summer in one and one-half hour sessions in scheduled groupings to keep the groups small. A school house is used and six rooms and a hallway are necessary. Screening stations are Parent Orientation, Social Worker Inteviewer, Preschool Language Scale, Peabody Picture Vocabulary Test, Visual Motor Index and House-Tree-Person (scaled drawings copied), Motor Activity Scale, and Speech Evaluation. A free playroom is provided.

This screening program provides pertinent data on every child's readiness for kindergarten, his learning style, and appropriate teaching strategies, materials, and special education services needed to prevent school failure by prescriptive teaching.

The screening project has been validated by statistical analysis of project activities of working with children, parents, teachers and administrators. The public relations aspect of the project has proven valuable based upon its experience with twenty-four hundred (2,400) kindergarten children and their families.

The cost of the program, utilizing their present staff and facilities is $15.00 per kindergarten child. Their report states that the use of the data obtained in the screening program decreases retention which more than offsets the screening project costs.

Components of their screening project are comprised of three inter-related categories: cognitive abilities, emotional and social adjustment, and health factors.

Staff personnel required are those according to the reported project, normally found in a school system that has a special education program. Staff members responsible for parent orientation and screening are a director, psychologist, social worker, speech therapist, learning disabilities teachers, teacher aides, and clerical help. Regular classroom teachers, adult volunteers, and high school students are also trained under proper supervision to give tests.

The project staff reported for 1973-74 was a director, one speech correctionist, three learning disability teachers, two learning disability consultants, one social worker, and one school psychologist.

Parent involvement consists of the following:

1. Parents of every child are notified by letter of screening results in general educational terms.
2. Parents of children whose screening scores indicate that the child has no apparent problems at the time of screening will receive a letter to reflect that finding.

3. Parents of children who require learning disability itinerant instruction are notified by a form letter, accompanied by a list of readiness activities to reinforce children previous to beginning school.

4. Parents of children receiving speech therapy are notified by form letter.

5. Parents of children whose families may need social work services or referral to other agencies have talked to the social worker during screening and will receive personal follow-through.

6. Parents of children recommended for psychological evaluation are contacted by phone followed by a personal letter for permission for testing and a social history. The health nurse is responsible for obtaining a health history when needed. After psychological testing, all professionals who through their specializations have come in contact with the child attend the staffing to evaluate the tests and make recommendations.

Classroom services that children who are placed in general classroom receive are "general services." Children who fall into a so-called "grey area" between minor and serious are assigned further observation in the fall, after which they may still be placed in "Learning Disability Classrooms," or if capable of succeeding as such, they are served by learning disabilities teachers who work with the child still placed in the "general services" classroom.

Speech Therapy is provided for those who experience difficulty with several speech sounds, thus making their connected speech difficult to understand.

The child who scores very low receives a diagnostic evaluation consisting of a complete psychological battery, a home visit, a social history, and classroom observation after school starts.

For those children who most need a more enriched and individualized program, placement in a "Learning Disabled Kindergarten" is recommended. Enrollment is limited to ten (10) children per classroom served by one certified learning disability teacher and a regular teacher or an aide.

A control card to maintain records, certain test score information, and follow-up records is kept on each child.[41]

The SCREEN Early Identification Procedure. From the series of four articles as reported in the Journal of Learning Disabilities the items of interest reviewed that are somewhat similar to this project are reasons for identification of risk children, the concept of early intervention, the altering of the special education staff for follow-up, the obtaining of information, for general classroom teachers and special education teachers, and needed curriculum for students coming into kindergarten.

Project SCREEN reflects the efforts of more than one hundred and fifty (150) persons directed toward a better

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[41]Lucill Werner. Screening Manual: Early Prevention of School Failure. Title III, ESEA Project, 114 North Second Street, Peotone, Illinois. (Pamphlet received in mail) See also. National Diffusion Network, HEW, "Project: Early Prevention of School Failure," Educational Programs That Work. Colorado State Facilitator, 1975. pp. 29-30.

understanding of learning disabilities and toward a better method of identifying childrens' educational and school adjustment problems in the primary grades.

The article stresses that the incidence of learning disabilities vary from expert to expert, estimates of three (3) to thirty (30) percent because an exact definition of learning disabilities is not widely accepted. "Learning disabilities" has become a blanket term subsuming all those otherwise unnamed conditions which involve inexplicable failure in school.

The role of solving school failures is the schools' role and not just that of special education. The reason that solving such school failure is everybody's role and responsitility is because the "real issue concerns whether or not all children will receive an equal educational opportunity."

Through legislative initiative, Illinois provided funds for the development of procedures to identify children with learning problems for related activities. The procedures include direct child assessment, rating by teachers, and a service delivery system.

The test is a group administered screening device for teacher use which would both assist in early identification of children with extra educational needs and provide the teacher for a better basis for referral recommendations.

SCREEN was meant to identify children with a risk for encountering academic and adjustment problems in school second, the results were desired not to label children but to provide teachers a broader basis for making educational decisions about each pupil; third, with respect to early identification specifically, the authors sought to provide information that would not only correctly predict school problems but also would provide a focus for follow-up.

The teacher administers a simple test, collates information concerning sensory, medical, and psychomotor testing, and combines it into a report, along with her observations, recommending "further testing," "observation," or "no further testing at this time."

Only those who score low in Level One screening may be considered at risk and will receive more testing or observation. Overall item difficulty is low intentionally in order to promote early identification of risk pupils. The authors are not concerned with those whose performance or rating is high, they will have normally faced all of the screening they will get.

For any who require a secondary level screening, one is provided by a psychologist or special education people trained in such evaluation.

The concept of risk, teacher group testing, a

behavioral scale, and teacher observation recommendations, with Level One screening for risk and student information for curriculum decisions will be adapted, if possible, in this practicum design. "Secondary screening," or "Level Two screening" for those whose initial screening indicates risk for the child will be designed into the practicum as much as possible also.

The concept of risk and the concept of the schools role to provide equal educational opportunity to all will be adapted as much as possible.

The test will be adapted if time constraints will allow. Project SCREEN is conducted in the fall of the year after school starts and more testing time is available.

Possible Solutions Defined

The practitioner believed the practicum needed to begin as soon as possible because the present one-half day Kindergarten Roundup program did not provide a screening program that helped to inform the school about the children who have educational needs, involve parents adequately, focus attention on certain "high risk" children so that further evaluation could take place, or appropriately identify immature children.

Kindergarten teachers were saying that with the extension of the kindergarten daily schedule from two and

one-half (2 1/2) hours to a full school day of seven (7) hours, inclusive of lunch time, that the ability to counsel parents into removing immature students was greatly reduced. They also said that special education needs are often too long in delivery, partly due to competition for the special educations staff's time in the various grade levels during the early fall.

They were also saying that the rest of the teachers have a chance to know their students strengths and weaknesses prior to the opening day of school. They would like to know more about incoming students, and to have their students and parents acquainted with them and the kindergarten program.

These comments were presented to the practitioner at an in-service meeting with kindergarten teachers concerning possibilities and procedures for advancing the entrance age of kindergartners in the Re-1 Valley School District. While trying to define the problem of eliminating immature school children before they experience failure in school needlessly, alternative activities were considered. The idea of a screening program for kindergarten readiness was raised. Everyone was tentatively in favor that was present at that meeting. Another meeting was set and the idea was pursued further.

The initial concern was how to develop an effective

kindergarten program starting in early March, 1976, to be implemented by the last week in May, 1976, and evaluated in the fall of 1976. Another major concern was to complete the task in such a way that children would benefit, that no harm should possibly be done to children in the process, and that the educational programs then in existence would not be detracted from.

A design to assess needs was established to determine the pervasiveness of the problem as it existed in the Re-1 Valley School as to the number of children in grades k-6, in the 1975-76 school year who were either immature, low in self-concept, rejected school, or hyperactive-aggressive, and the number retained for the 1976-77 school-year as discussed in "Need for the Problem" section, Chapter 1.

Then support for the project was obtained by the practitioner from the Director of Child Study Services, the Superintendent of Schools and the Re-1 Valley School Board. The approval was based upon constraints that no additional money or staff could be acquired for the project. It was noted that the school district budget had begun in the month of January, and to require additional budgets would require that another year would have to be forgone to wait for such funds.

Alternate solutions were examined to consider

possibilities in view of present general education staff, special education staff, resources, time, and fiscal realities.

Alternate Solution Strategies Considered. Three possible alternative solution strategies were considered by the practitioner and other staff participants concerning the school readiness screening process. The disadvantages, advantages, and constraints of each were also considered.

Possible Solution Strategy #1

Design and implement a Kindergarten School Readiness Screening project in the fall of each school year, to commence at the beginning of each school year.

1. Disadvantages

   A. Students often experience rejection, failure, and a lower self-concept as a result of being in the program when they are not ready for the group or individual tasks involved at school.

   B. It is assumed that parents of students already in the program are more difficult to be counseled concerning the removal of their child from the program than those who are not in the program by the time such counseling takes place, concerning children evaluated as too immature.

Family plans, commitments, and "mind

set" are pressures toward retaining a child in kindergarten all day, for the full school year, once the school year has commenced. A student who has been "misplaced" into kindergarten often has to contend with parental pressure to attend school in a "failure situation."

C. Teachers and special education staff members do not have any way of preparing for curriculum needs of their children prior to the school year.

D. The special education diagnosis and evaluation personnel are already scheduled so heavily in the fall for new staffings, redesigning and reconfirming curriculums, working with new combinations of teachers and students that a screening process at the beginning of a school year for all kindergarteners would result in an overburden for the present staff. More staff should have to be hired to appropriately accomplish a fall kindergarten readiness screening program.

2. Advantages

A. Longer periods could be allocated for observation of behavior; therefore, more

accurate assessments should be possible.

B. The necessity of dismissing this year's kindergarten children one week earlier from the regular schedule or a summer screening session is foregone. This avoids the psychological "gearing up" for a new group at the end of a school year when the "mind set" appears to be one of slowing down, or "coasting it out."

C. All children will be screened in the fall rather than having one screening session in the spring, and another one in the fall for those who didn't show up at the spring screening session.

3. Constraints

A. No additional staff could be re-allocated to the program to help alleviate the increased burden for screening in the fall.

B. There are not any funds available at the local level for additional staff costs.

Possible Solution Strategy #2

1. Provide alternate educational programs for students who are of kindergarten level, in order to make screening not so much an assessment of readiness but assessment for correct "placement" for

educational experiences. This strategy assumes, as do some authors, that immaturity is to be "treated" as a learning disability by use of an alternative program, such as smaller adult-student ratios, shorter periods of at school experiences, and nurturing experineces.

This alternative would provide, among several different possibilities, such arrangements as a per-kindergarten, a learning disability kindergarten, a "reality bound" kindergarten, or counseling out.

These alternatives would be developed as deemed appropriate after observing and assessing the students after they have been enrolled into the regular kindergarten program, other kinds of appropriate kindergartens begin to appear appropriate, and enough children have similar needs to make such alternative placement feasible. Such alternate educational programs could be considered for spring or summer screening processes also.

A. Disadvantages

1. Costs of any required additional classrooms, transportation, and smaller adult-pupil ratios would be prohibitive to the school

district in its present fiscal situation.

2. Some research tends to find that special classes at this stage of child development are a questionable procedure to remediate problems at the kindergarten level.
3. Colorado statutes require "mainstreaming of special education students," which prohibits separate classrooms being funded with state funds. Special education teachers and other specialists, such as therapists, would not be reimbursed for services provided in a "segregated" classroom. The Re-1 Valley School District cannot afford to lose such state reimbursement.

B. Advantages

1. Alternative programs would make the "counseling out" of the regular kindergarten program easier. Correct placement for "high risk" pupils due to immaturity, experiential deprivation, or learning disabilities, or a combination of any of the three, a possibly more appropriate procedure to meet student needs.
2. Longer periods for screening would be possible.
3. All students enrolled in kindergarten could be assessed at the same time, not just those

who are available for screening in the spring of the previous school year.

4. Students would be assessed in the ongoing program rather than on a predictive basis. If an error is made in the placement of a student, corrective action could be taken by reassigning the student.

C. Constraints

1. The cost of alternative programs would be prohibitive to the Re-1 Valley District because of its present fiscal situation.
2. State laws require "mainstreaming of special education" students. Such a law prevents a special segregated class for learning disabled students receiving reimbursement.

Possible Solution Strategy #3

Provide an intensive, in-depth one-week School Readiness Screening Program during the spring of the year prior to the regular school year.

Provide parent orientation to kindergarten and the concerns of the kindergarten teachers in regard to school readiness. Parents will also receive individual consultation concerning observation and assessments made during the screening process on risk children.

Provide further observation in the regular kindergarten

for students who may be considered "marginal risks," to be completed by the sixth week of the regular school term.

Provide information concerning students to alert the special education staff about students who may need second level screening, i.e., in depth diagnosis and/or intervention treatment from the very beginning of the regular school year.

Provide an opportunity to counsel parents of at risk students, who are immature to plan to keep their child out of school, or at best to only put the child in the kindergarten program on a Probationary Trial Basis of no more than six weeks in the regular program.

Provide a brief orientation experience for those who would have children in school for the first time.

Use present staff, regular kindergarten teachers and personnel in the special education department, and on organizational contracts, without adding any cost to the Re-1 Valley School District.

1. Disadvantages

   A. Some students may be screened out in the spring who should not be because children do change from the additional three months of growth before school begins in the fall.

   B. Some authors feel that "risk," and "high risk" students are really difficult to determine based upon tests available for the age of

the students tested. Discrete scores that retain a high degree of accuracy seem not to be available.

C. The regular program for students in this year's kindergarten will be shortened by one week.

D. Students will have to become acclimated to the school setting and evaluated in a very brief time. They may have to allow one activity to interfere with the other.

E. All students who enroll in the fall may not have gone to the spring screening sessions.

2. Advantages

A. The program will provide five one-half day kindergarten sessions with the students compared to the one one-half day session now held, which will permit observations of behavior in a more realistic classroom environment.

B. Parents of risk or immature students will receive evaluations of the screening. All parents will receive an orientation concerning the purpose of kindergarten, the importance of successful experience early in the program, an assessment of skills required of the students

and skills the child now has. Parents will also receive information on how to ready the child for kindergarten through certain activities during the summer.

C. Immature and at risk students may be more easily identified for further screening than during the old one-half day screening process.

D. The Kindergarten Readiness Screening Program can also serve as an enrichment situation, i.e., an orientation program for both the students, the parents, and the educational staff that will be working with the students.

E. Special education staff members can do further screening on students whose readiness is questionable, and confirm those who are suspected of being too immature to succeed in the regular program, in second level screening beyond the five days allocated to the level one screening and observation program.

F. Special education staff members can be alerted to which students will need early observation and possible intervention in the fall. In some instances staffing assignments can be made before school begins.

G. Parents will be counseled about the "Probationary

Trial Period" as an alternative to removing him or her from the kindergarten program at the end of the spring level one screening program, or even at the end of the second level screening and diagnosis program.

H. The special education staff has less demands on its time during the spring. They can provide screening for those in the fall much easier for those who missed the spring screening by the fact that a high percentage of the students will have had their screening in the spring.

I. Curriculum can be designed for the classes, and individual student needs before classes begin in the fall. Such curriculum will incorporate scheduling of visiting special educations teachers working to correct learning disabilities, for example.

3. Constraints

A. There appear not to be any monetary constraints concerning this alternative.

B. There appear not to be any requirement for additional staff to perform the week-long screening, observation, and parental consultations scheduled.

Detailed Requirements for Solution

1. At lease five one-half day sessions are deemed necessary by the planning participants: the kindergarten teachers, three school psychologists, other special education staff, the elementary principals, and the practitioner. The other half of each day are for evaluation, planning, parent orientation programs, and parent counseling.
2. An assessment kit needs to be developed or adapted that will assess student skills in relation to school tasks. Student health histories, family information, etc., need to be developed for collection also.

   School psychologists and other special education staff members need to be involved in selection and development of assessment materials with the kindergarten teachers.
3. Adequate planning, including all participants, needs to be conducted. Necessary in-service needs to be conducted.
4. To be effective, the project must assure adequate communications between the school and the home.
5. Adequate attendance at the screening project must be promoted by teachers and administrators. Responsibilities as to roles and duties in this

area must be defined and assigned.

6. Parent participation must be carefully considered, planned for, and incorporated into the schedule.
7. An evaluation of the project must be designed to determine its effectiveness in terms of stated goals, indicators of success, and the attitudes of children, parents, and staff.
8. Flexibility in planning is necessary until all levels of decision making, and all areas for responsibility are satisfied with the project: Board of Education, Superintendent of Schools, Principals, Kindergarten Teachers, Psychologists, Special Education staff members, and the practitioner.
9. Overall responsibility and authority to direct and coordinate the design, implementation, and evaluation phases of the project must be assigned by the Superintendent of Schools to the practitioner.
10. The project must be developed and implemented with the most cost-effective solution strategy selected, and certainly within the constraint that the project cannot cost the district any additional monies, and that no additional classrooms or staff can be part of the project.
11. The project must be one that will not possibly do harm to students. The best of known professional

practices will be applied within the resources available. This requires that adequate review of available research be conducted by the practitioner, similar, or nearly similar projects be investigated, and that child development specialists, such as our school psychologists be interviewed and included in the project.

The Conceptionalized Solution Selected and Refined

From the alternative programs considered, the goals, sub-goals, and minimum requirements that were presented for consideration, the practitioner chose to proceed with the implementation of a week-long Kindergarten School Readiness Screening program to be held during the last week of school in the spring, as considered in Alternate Solution #3.

The participants had been involved in planning an improvement process over the one one-half day screening process which was used in this school district. The participants included the following personnel:

The Board of Education, for approval,
The Superintendent of Schools, for support,
The Practitioner, who is also Assistant Superintendent of Schools, for project leadership,
The Kindergarten Teachers,
The School Special Education Director, who is also a school psychologist,
Three other School Psychologists,
A Child Development Specialist, consultant,
Four learning disabilities teachers, and

Three Speech Therapists.

The participants had met several times to plan, reassess planning, determine roles and responsibilities, logistical considerations, and assessment techniques.

A week-long session in the spring was selected which included five one-half day sessions for student observation and "first level assessment." "Second level assessments" would be conducted in addition to those sessions.

The planning sessions, and in-service sessions were sometimes hectic to the practitioner. Sometimes the problem statement would have to shift, for example: from a readiness screening for maturity problems only to include all types of learning disability, or from the spring only to a combination of spring and fall whenever deemed desirable. Such shifts were really only the dynamics of group planning as ideas were presented, new literature reported on, similar projects reviewed, and concepts of screening and diagnosis were expanded. Excitement about possibilities was sometimes readily apparent among group members as to various opportunities and possibilities that could exist.

The practitioner had to keep in mind that the establishing of a problem for solving, a proposal for a practicum, the adapted practicum solution, and the implemented practicum could all vary since the Nova

University concept of practicum proposals is that realistic problems of planning, alternative solution considerations, unanticipated obstacles, as well as known constraints do exist.

In this instance, several staff members shifted their professional opinion concerning maturity and school readiness.

Indicators of Implementation (sub-objectives) Conceptionalized

These indicators of implementation used by this practitioner are helpful to determine on what observable basis a kindergarten readiness screening program can be determined to have been developed and implemented.

These indicators of implementation are as follows:

1. A kindergarten readiness screening program lasting at least five one-half days will be implemented at the end of each school year for Level One screening.
2. Level Two screening will be performed for each child who needs it by the end of the first six weeks of school. This includes further observation and/or diagnosis. This is a change made to clarify procedures since proposal was submitted.
3. The kindergarten screening program shall have been evaluated after the sixth week of school during the subsequent school year. Recommendations for improving the screening project will have been considered for possible redesign in the final evaluation.
4. The improved screening program will be made a continuous part of the administrative

procedure of the Re-1 Valley School District, with Staff Procedure Handbook and a Parent Information Booklet developed.

5. A "Probationary Trial Period" for students who are "marginal risks" in the teacher's and testing staff's opinion will have been implemented. This "Trial Period" was merely to be used as a positive mind-set for parents in order that students who should be "counseled out," due to more information gathered in the fall, could be more easily counseled in such a direction.
6. Classroom teachers and special education staff members will have information concerning next year's students and their possible curriculum needs prior to the beginning of the school year. Next fall's kindergarten classes shall have had individual write-ups on the screening done the prior year for children considered at risk.
7. Students shown as needing special education intervention for either specific learning disabilities or retardation will have begun receiving such help during the first six (6) weeks of the following school year.
8. "Probationary Trial Period" students will receive extended observation and screening by the end of the second week of school by the teacher and special education staff.
9. Observation of children in group play and individual play over an extended period of time will be accomplished within the classroom environment. Observations regarding solitary play, parallel play, and social play and individual behavior during play shall be observed for each child in the screening program who is considered at risk.
10. The ability of children to function in the classroom environment appropriately without the presence of a parent will have occured. Observation of immature, or unusual behavior will have been recorded, and a school psychologist will have observed such behavior.
11. Transportation needs to all kindergarten screening project students will be provided.
12. Information will have been provided to parents about kindergarten, the function, the program, and the expectations of the program.

JUN 2 0 1977

Verification and documentation of the accomplishment of the indicators of implementation will have been submitted by the three project evaluators. Some documentation was included with this report also.

Solution Evaluation Plan Conceptionalized. In addition to the establishment and verification of the accomplishment of the indicators of implementation, (sub-objectives) the practicum solution was evaluated as to the effectiveness of the readiness screening project, the side-effects were noted and were part of the final evaluation, also. The educational worthwhileness was evaluated, also.

The evaluation of the effectiveness of the screening program as designed included the achievement of some pre-stated achievement sub-objectives in relationship to the actual achievement, a comparison of certain experiences from previous year's one-half day Kindergarten Roundup to the experiences of the developed and implemented Kindergarten Readiness Screening Program, and the ratings of certain attitudes towards specific program components for the previous Kindergarten Roundup and the Kindergarten Readiness Screening Project. Parents were asked to indicate their attitudes toward certain components of the readiness screening program as implemented on a questionnaire provided by the practitioner.

Achievement sub-objectives. The practitioner and staff participants set achievement objectives, which became sub-objectives to this practicum effort, to determine some criteria for effectiveness. Some felt that the project could be shown to be more effective than previous programs but still not be effective. Therefore some criteria of achievement, achievement sub-objectives, were established based upon the practitioner's and the staff's opinions.

Side-effects and Attitudes toward School Readiness. Some side-effects were somewhat anticipated and others were not. Side-effects were evaluated because the operation may have been successful, such as implementation, however the children, or parents, or staff may have been very unhappy about certain aspects of the implementation.

The attitude toward school readiness took some rather interesting shifts in the planning, developing, and implementation stages for this practicum that were significant enough in the view of this practitioner to be included in this report.

The original prevailing concept within the group toward school readiness was that the child must be behaviorally mature enough to succeed in the school environment with school tasks. The indicators of immaturity needed to be defined and developed into a screening process

of five one-half days in duration. The process was to screen out the problem children who might be "at risk," that is, experience emotional and adjustment problems that are considered severe, before they succeed at school.

The shift in concepts by the faculty participants involved tended to switch to another view. The screening process developed into two levels, i.e., Level One (primary) and Level Two (secondary). Level One was group screening with certain tasks and behavioral observations evaluated. Level Two became the in-depth, individualized diagnosis completed by a trained diagnostician, special education teacher or psychologist. Level One screening was to be completed with the five one-half days of observation by classroom teachers and the special education teachers who served the students of that particular building.

Teachers were generally more relaxed about having students return to school in the fall who had been identified "at risk" because the special education staff would have prior knowledge of student needs. Immaturity became more looked upon as a learning disability that required special curriculum needs. Teachers began to know more about individual differences in all children and apparently more tolerant of those with needs considered as more severe. School readiness began to take on more of a concept

definition as the readiness on the school's part to provide equal educational opportunity for all children regardless of their need.

Side effects that were anticipated and included in the conceptualized solution were as follows:

1. The practitioners and participants would be more aware of school readiness screening process.
2. More understanding of learning disabilities would be gained by participants, including immaturity.
3. Students would be more ready for school in the fall, having experienced kindergarten orientation and evaluation sessions for five and one-half days in the spring.
4. Students, parents, and staff would like the experiences.
5. Possible extension courses for some participants might be sought which would provide some in-service education courses for those seeking more expertise in trying to meet the needs and abilities of all children.
6. Closer communication would evolve among parents, classroom teachers, and special education staff members. The talk would be child centered.
7. Group planning, implementing, and evaluating for such a kindergarten readiness screening program should be an enjoyable experience.
8. In-service education should be satisfying to participants.

Practicum Implementation Design

Basic Role of the Practitioner. The basic design was established so that the Practitioner Donald White, Assistant Superintendent of the Re-1 Valley School District, led work with twelve (12) elementary kindergarten teachers

six (6) teachers certified as specializing in learning disabilities, two (2) certified teachers of children with severely limited intellectual capacity, three (3) school psychologists, one (1) Director of Child Study Services, who is a psychologist, and seven (7) elementary school principals in planning, developing, implementing, and evaluating a practicum problem resulting in an effective kindergarten readiness screening program.

This practitioner was administratively responsible for providing essential directives, coordination, supervision, participation, planning, in-service meetings, research and study, final implementation design, and certain records and reports that apply to this practicum.

Other Staff Roles. The role of others in the practicum was designed to be responsible for that area of their professional speciality for which they have been hired as it applies to the practicum effort. They were informed by attending informational meetings scheduled as certian in-service meetings. They participated in planning sessions by presenting their knowledge and attitudes about components and characteristics of the kingergarten readiness screening project as discussed.

A schematic used for planning and involving participants is included in appendix B, as revised from Zeitlin's Table IV, "A Kindergarten Screening Program." (See appendix B.)

Teachers administered group tests as developed, or adapted, in consultation with the Director of the Child Study Services Center, Re-1 Valley School District. School tasks that test certain student capabilities were developed. The teachers observed the childrens' behaviour in different styles of play, i.e., solitary play, parallel play, and group play. Teachers consulted with other observers from the special education staff, teachers of psychologists, about their opinions concerning certain children.

Level One screening assessments were shared with parents by the classroom teacher in letter fashion or in conferences. Level Two referrals were made by the classroom teacher or special education teachers. Principals were kept informed at all times by classroom teachers as to results of screening.

Special education staff members were assigned to observe during the five one-half day sessions and consult with classroom teachers and principals about their observations. They performed Second Level screening for tests for which they are trained and certified. They made any further referrals through the Director of Child Studies Services Center. They also sat in on all staffing scheduled for special education curriculum services within their respective buildings. They participated in any formal

or informal evaluations of the program. They further observed during the "Probationary Trial Period."

The three psychologists observed in buildings they normally have assigned to them for observation, consultation, and Level Two screening was agreed upon with the Director of Child Study Services. They participated in the informal evaluation sessions, also. They, as well as special education staff members, attended some of the planning sessions and in-service sessions. They were informed as to communications needed from their testing and the importance of parental involvement in the planning and decision-making process of their children with special education program needs. They observed during the "Probationary Trial Period" for those students who are so assigned.

The principals were involved in planning sessions, in staffing sessions, and in observation when time allows. Principals were asked to become informed concerning screening procedures as developed and implemented, and to support the kindergarten readiness screening program.

The consultation and advice from two other professional acquaintances, who are also psychologists, was sought at this time by the practitioner as to the soundness of concepts, planning, development, and implementation of

the program. One of the psychologists, Dr. Robert Segerstrom, led in-service with the staff on the subject of immaturity, in the role of a community resource person.

Practicum Action-Time-Input Strategy Design. The practicum action-time-input strategy design selected for planning developing, implementing, and evaluating an effective kindergarten readiness screening program for the Re-1 Valley School District was outlined for the practitioner's use.

The practitioner would make reasonable effort to ensure that the practicum progressed according to the time-action-input plan designed, revised, and corrected.

The action-time-input strategy is definitively outlined as follows, indicating time, action, finances, and participants:

Action-Time-Input Strategy for Practicum

Month	Action Activity or Plan	Finance	Input Ind(s)
	Planning		
March	Practitioner becomes aware of need for a more effective screening program at an in-service meeting for kindergarten teachers	0	P, KT, D

Month	Action Activity or Plan	Finance	Input Ind(s)
	In-service session on immaturity	$3	KT, AD, P, PS, D, SE
	Planning and In-service Session on Screening Programs	$3	P, PS, KT, AD, D, SE
	Needs assessment questionaire completed	$10	P
April	Practicum proposal idea developed and approval sought from Director of Child Studies Service Center	0	P, D
	Practicum proposal support sought from Dr. Roger O. Blake, Superintendent of Schools	0	P, D, S
	Practicum proposal support sought Board of Education by practitioner with Superintendent support. Constraints given against additional finance, staff, and classrooms	0	P, S, SB, D, DT, SE, PS
	Alternate solution Strategies shared with staff participants at an in-service meeting. A solution is selected	$3	P, KT, PS, D, SE
	In-service Training in Level One and Level Two screening. Purpose and Design by Director of Child Studies Services Center	$3	P, KT, SE, PS, D
May	In-service Session on Testing, Referrals, Communications, and Parental Involvement	$3	P, KT, SE, PS, D

Month	Action Acitvity or Plan	Finance	Input Ind(s)
April and May	Research and plan strategy for development and implementation of practicum proposal	$25	P
	Development and Implementation		
April	Submit Conceptionalized solution for examination and refinement	$3	KT, AD, SE, PS, P, S, D
	Approved tests adapted by teachers. Approved Fall Probationary Period concept as finalized	$3	P, KT, SE, D, AD
May	Classroom teachers and principals review and agree to logistics of bus schedules and daily schedules		KT, AD
	News Releases		P
	Kindergarten Readiness Screening Program conducted for five one-half day sessions during the last full week of the regular school year. The last week in May. Level One screening and orientation completed for students and parents. Level Two screening referrals made		KT, SE, PS, D, P
June	Level Two Screening conducted	Title VI*	D & E
July	Level Two Screening conducted	Title VI*	D & E
August	Level Two Screening conducted	Title VI*	D & E

Month	Action Activity or Plan	Finance	Input Ind(s)
September	Level Two Screening conducted	Title VI*	D, E, P SE, KT, PS
September	Fall Probationary Trial Period Conducted, further observations conducted		SE, KT, PS
	Level Two Screening conducted and staffing held		PS, SE, KT, D, AD
October	Fall Probationary Trial Period Conducted, further observations conducted		
	Complete Addendum as requested		P
November	Practitioner conducted final evaluation data and attitudes from classroom teachers and parents		
	Practitioner asked for an assessment of the practicum from the Director of Child Study Services		
	Evaluation		
May	The practitioner observed the planning sessions		
	The practitioner observed the ongoing Kindergarten Readiness Screening Project		
June	The practioner held an informal evaluation session. Passed out questionnaire to collect data concern-	$25	P, KT, PS, D, SE

Month	Action Activity or Plan	Finance	Input Ind(s)
	ing Level One Screening program for teachers to complete		
November	Practitioner conducted final evaluation session. Collected final data and attitudes from teachers and parents	$25	P, D, KT, SE, Parent, AD, PS
	A written assessment was requested from the Director of Child Study Services Center		P,D
	Report to Nova		
November and December	Practitioner writes Practicum Report, Maxi II and submits to Nova University	$200	P

Individual(s) Participants Explanation Code

P - Practitioner
KT - Kindergarten Teachers
SE - Special Education Staff
PS - Psychologists
D - Director of Child Study Services
AD - Elementary Principals
S - Superintendent of Schools
SB - Board of Education

*A D and E Unit Project prosal for federal funds was to be submitted for full funding to evaluate and diagnose the more severe, possibly multiple-handicapped children who appeared during Level One and Level Two screening. The D and E Unit Project Proposal was the direct result of using Dr. Robert Segerstrom, a staff psychologist on the High Plains Rehabilitation Staff, and a private psychologist in one of our in-service meetings early in the practicum planning and development stage.

Resource Input Ascertained.

I. Personnel and Time

A. Practitioner

1. Planning and implementing the project, planning sessions, in-service sessions (15 days)
2. Writing the practicum proposal (7 days)
3. Writing the practicum report (15 days)
4. Evaluating the project formative and summative evaluation (5 days)

B. Twelve Kindergarten teachers

1. Planning and in-service meetings (42 days total)
2. Week-long School Screening Session Project (35 days total)
3. Consulting parents (24 days total)

C. Three School Psychologists

1. Planning and in-service meetings (12 days total)
2. Consultation, practitioner, parents (12 days total)
3. Observation and assessments (18 days total)

D. Nine Special Education Staff

1. Planning and in-service session (27 days total)
2. Observation days, including estimated fall

follow-up (90 days total)

3. Assessments, consultation (27 days total)

E. Students, 300 @ 5 days each

F. Parents, 300-600 @ 2 days each

II. Money

No additional money is required except refreshments at in-service meetings after school hours. The cost of this project is not an additional cost to this district.

Solution Evaluation Plan. This practicum evaluation solution contains an assessment of several important components of a comprehensive evaluation. They are as follows:

1. Educational worthwhileness of the project assessed.
2. Formative evaluation and its use to manage progress in planning, developing, implementing, and evaluating the practicum.
3. Summative evaluation of the project in terms of the stated primary objective and the process objectives ("Indications of Implementation").
4. Evaluation of planning and estimating techniques such as the helpfulness and effectiveness of the information developing sections entitled "Resource Inputs Ascertained," "Detailed Requirements for Solution," "Alternate Solution Strategies Considered," "Related Research Material Studied," and "Practicum Action-Time-Input Strategy Design."
5. Side effects of the practicum.
6. Revisions needed in the practicum as suggested by the evaluation.

Educational Worthwhileness. Basically, this matter is discussed to determine the following about the project:

1. Was it educationally worthwhile?
2. Was there a need as illustrated by felt needs and data proven needs?
3. Were the needs addressed and provided for in the practicum?
4. What were the costs of the practicum?
5. What might have been the cost if the practicum were not completed?

Formative Evaluation. Formative evaluation consists of those evaluations that are made during a project to assure that the project reaches the objective. Such formative evaluation will include monitoring, assessing, and providing the necessary corrective type action during the planning, developing, and evaluating of the program.

Participation in and the monitoring of in-service meetings will provide a basis for formative evaluations for the planning and the development phases of the project.

Observation of the week-long five and one-half day sessions where Level One screening will occur will provide the basis for the formative evaluation of the implementation phase.

Participating in the planning, developing, and implementing of the evaluation phase will provide the basis for the formative evaluation of the evaluation component of this project.

The utilization of the Time-Input Strategy Plan will provide a monitoring device that may assist in formative evaluation of the problem as it is set within the

constraints of time, and somewhat necessary sequence of events.

Summative Evaluation. Summative evaluation is the final evaluation given to a project after the project is completed.

The summative evaluation will address itself to the assessment of the extent in which the project was successful, or unsuccessful in terms of the primary objective, the "Indicators of Success," attitude scales, and the process objectives, "indicators of Implementation".

The measurements of achievement were stated in the original practicum proposal and refined further in view of suggestions made by Dr. David Flight, Practicum Proposal Reviewer, Nova University.

Further, the evaluation design finally chosen and approved was developed upon goal achievement, certain pre-one week screening and post-one-week screening data, data from the previous school year and participant attitude toward the project.

An experimental design such as comparison with another school district, or with a control group of Re-1 Valley pupils was rejected. The Board of Education would not approve the latter because of political considerations. Differences between school districts and their respective population samples did not seem to be conducive to reliable

and valid experiment designs by the practitioner or the school psychologists involved in the project.

I. Indicators of Success

A. The kindergarten screening of a week long duration will identify eighty (80) percent of the children identified as immature. A total of one hundred (100) percent identified is obtained by adding those identified as immature during the fall observation to those identified as immature during the spring. Those children evaluated as so immature that the experience of attending school again in the fall would be predicted as a failure experience by the regular classroom teacher, verified by a school psychologist, and agreed to by the parents, were withdrawn. However, they are counted as immature for data purposes. The practitioner felt that to encourage such children into a somewhat predictable failure experience would be unethical research. The Director of the Child Study Service Center concurred. Children who have learning disabilities in addition to immaturity are not to be counseled out, since their learning disability needs corrective intervention.

B. More efficient screening will result in the new Kindergarten Readiness Screening Program than did occur in the previous year.

1. Previous year data Kindergarten Enrollment
    a. Number counseled to remain out during screening.
    b. Number who had to be counseled out during the regular school year.
    c. Number who refused to be counseled out as a result of screening.
    d. Number who refused to be counseled out as a result of the school year experience.
2. This years data Kindergarten Enrollment
    a. Number counseled to remain out during screening. (Number will be higher)
    b. Number who will have to be counseled out prior to the sixth week of school. (Percentage will be lower.)
    c. Number who refused to be counseled out as a result of the week-long screening. (Percentage will be lower.)
    d. Number who will refuse to be counseled out during the first six weeks of the regular school experience. (Percentage

will be lower.)

C. Five (5) percent fewer children will be assessed as immature and still in class during the first six weeks of the regular school year than was assessed as such for the previous year.

D. The screening program will result in a higher percentage of immature only children to have been counseled out by the end of the first six weeks, including those counseled at the end of the Level One screening in the spring.

E. The Level One screening program will provide information concerning all the students who may need further screening. No one will be identified in the fall, by the end of the first six weeks, to have a learning disability that was not suspected as a result of Level One screening. Students who did not participate in the spring screening process will not be included in this data.

F. All students who have been identified as needing Level Two screening will have received such diagnosis as needed and prescriptive recommendations begun by the end of the first six weeks of school in the fall.

II. Attitude Scales

The practitioner will develop attitude scales for the comparison of the various components as indicated below. Each item will receive an average score of "adequate" in order for the practitioner to accept it as an indication of usefulness. Scores averaging less than adequate in the 1976 column will be used by the practitioner to indicate where changes would be made for future implementation.

A. Teachers

The average of kindergarten teachers' ratings will term the following items as "adequate," at the end of the sixth week in the regular kindergarten school year 1976, as this comparison will be higher than for the year 1975 in each category.

	1975	1976
1. Testing instruments used.		
2. In-service training.		
3. Supplementary evaluating staff.		
4. Evaluation systems.		
5. Central office support (Practitioner),		
6. Knowledge concerning the next year's class.		
7. Knowledge concerning "risk"		

	1975	1976
and "high risk" children.		
8. Play observation.		
9. The "Probationary Trial Period."		

B. Parents will be asked to rate the Kindergarten Readiness Screening Program as follows:

1. Feelings about parent participation.
2. Kindergarten orientation.
3. Counseling received.

C. Students, as completed by parents, after asking their children the questions.

1. Attitude about the week at school.
2. Attitude about activities at school.

D. The Director of the Child Study Services will submit on the following:

1. Adequacy of the screening program for achieving goals of the Readiness Screening Project.
2. Adequacy of staff in-service training.
3. Central office support (Practitioner).
4. Play Observation.

III. Suggestions will be asked for on all questionaires.

IV. Eighty (80) percent of the "risk" students will receive further examination and follow-up special education intervention prior to the end of the sixth week of school as reported directly to the practitioner by

special education teachers.

The rating scale will be a five part scale.

1	2	3
Needs Much Improvement	Needs Some Improvement	Adequate

4	5
Satisfactory	Very Satisfactory

Evaluation of Planning and Estimating Techniques. The evaluation of planning and estimating techniques will be a part of this practicum in order to assess the components helpful in planning and developing the practicum. This evaluation will consist of observations concerning the helpfulness of information included in the sections entitled "Resource Inputs Ascertained," "Detailed Requirements for Solution," "Alternate Solution Strategies Considered," "Related Research Material Studied," and "Practicum Action-Time-Input Strategy Design."

Side-effects of the Practicum. The consideration of side-effects will be included as a planned portion of the evaluation of this practicum. Such considerations may include developments that were unanticipated, constraints that developed that were unforeseen, and general feelings of those involved and acquainted with this practicum.

Revisions Needed for Improving the Practicum for Future Use. The evaluation of this practicum will be used as a

basis for improvment for future use and implementation.

The evaluation component of this practicum is hopefully designed to be an effective needs assessment for future development of the Kindergarten Readiness Screening program as proposed.

Implementation as an Ongoing Procedure. The Kindergarten Readiness Screening Project will be implemented as a permanent practice in the Re-1 Valley School District, possibly with some redesign based upon experience and evaluation. Indicators of adoption of the program will be as follows:

1. A screening kit will be adopted for screening readiness. An explanation and instruction sheet will be developed for the test. This will be included in a Kindergarten Staff Handbook.
2. A process for communicating screening results will be designed. The process will be written for use by all participants as follows:
   A. Immature students will be defined and considerations given for proper placement or counseling.
   B. "Risk" and "high risk" students and their needs, and possible need for early diagnosis, observation and special education intervention.
   C. An orientation to kindergarten booklet will be prepared by the Re-1 Valley School District

which will include the Readiness Screening process in a Kindergarten Parent's Handbook.

4. Written statements from observers and evaluators of the project. Observers and evaluators of the practicum are professionals who have knowledge and expertise in primary education, school readiness, or educational administration. They are as follows:

Dr. Roger O. Blake (303) 522-0792
Superintendent of Schools
Re-1 Valley School District
P. O. Box 910
Sterling, Colorado 80751

Dr. James Ousley (303) 351-2069
Coordinator Educational Field Experience
and Outreach Education
University of Northern Colorado
Greeley, Colorado 80739

Mr. C. L. Robinson (303) 474 3319
Superintendent of Schools
Julesburg School District Re-1
Julesburg, Colorado 80737

CHAPTER III

PRACTICUM DESIGN IMPLEMENTED

The purpose of this chapter is to describe the actual implementation of the practicum project, "developing and implementing an effective kindergarten readiness screening program in the Re-1 Valley School District."

Special attention will be paid to the planning, development, implementation, and evaluation stages of the practicum project process.

Planning the Practicum

The planning for this project began as a consequence of the kindergarten teachers expressed felt need for a method to effectively screen immature children before they were involved in a full-day kindergarten as implemented in the fall of the 1975-76 school year.

This expressed felt need was explored further with the Director of the Child Study Services Center, the special education staff, and kindergarten teachers at a meeting called by the practitioner.

A concept of kindergarten readiness screening programs was developed. Ideas were expanded toward a screening program that would screen all children with learning disabilities.

The support of such a screening project was presented

to the Superintendent of Schools who approved the concept for further development and implementation.

Because the screening program solutions being considered might require additional staff, monies, or classrooms, and because the program was of such a scope that it might borderline on policy and personnel matters, the Superintendent further required that the Board of Education approve the project and delineate constraints. The Board of Education approved the development and implementation of a Kindergarten Readiness Screening Program for the forthcoming kindergarten students as long as no additional school monies, staff, or classrooms were required. The rights of children to an equal educational opportunity especially appealed to the Board of Education as a concept. Further, the privacy of each child must be protected.

A detailed needs assessment was conducted that indicated a kindergarten screening program which diminished school failures and problems for children such as retention, immaturity, failure, non-promotion, rejection, low self-concept, and hyperactive-aggressiveness would be justified. If it were deemed effective by the staff in terms of pre-stated achievement objectives compared to previous years, the project would be even more rewarding and satisfying.

A well planned screening and diagnosis program did not exist, one was needed.

Research was conducted by the practitioner and participants. Readings suggested by psychologists and others were reviewed by the practitioner, including similar projects.

The project was launched into development stages, a final conceptualized solution was adopted, and in-service programs were developed and held so quickly in sequence that they sometimes were almost occuring concurrently.

Needs Assessed. A felt needs assessment and a data needs assessment, as operationalized, was accomplished as reported in pages 12-14. The documentation considered necessary for implementing the program was the critical needs assessment. The felt needs assessment was also an influential part of the formative planning stages of the practicum.

The identification of the real need was obscured by some short sightedness and lack of information on the part of participants to begin with. The original impetus was caused by the urge of preventing failure experiences for immature students. The concept grew from one in which everyone in discussions felt that children needed to be ready for school tasks in the school environment.

The concept concerning screening for all types of learning disabilities, definable or indefinable, as long as behavior was observable was soon developed as almost

every participant's concept. School readiness for almost every participant became the responsibility of the schools to meet the child's needs wherever he may be in his various developments. All special education staff members and most of the kindergarten teachers had adopted the latter comcept as was determined in various discussions.

The need became identified to develop an Effective Kindergarten Readiness Program that would provide Level One screening, group testing and observation for all students in order to possibly identify all students with learning disabilities, including immaturity, experiential deprivation, language development, limited intellectual capacity, perceptual and communicative handicaps, auditory handicaps, and visual handicaps.

In-depth diagnosis was expended from some generalized concepts about confirming immaturity as assessed originally to performing needed diagnosis for all children indicating possible learning disabilities in the Level One Screening. Further diagnosis was made possible by expanding the concept from a screening out process to a process to gather more information, as needed, for each child.

Thus the Probationary Trial Period was added to the early project concept of a screening program lasting only five days. The Probationary Trial Period was proposed as four weeks of further observation and testing during the

first four weeks of school as indicated in the Practicum Proposal submitted in April, 1976. This was revised to six weeks at a meeting held for formative evaluation prior to the addendum to the Practicum Proposal which was submitted in October, 1976, to provide more observation after the student had a more adequate chance to adjust to the environment. Thus allowing for the syndrome of vascillation that Petrone describes as the anxieties of the first few days of kindergarten children.[43]

Thus the need became focused and validated as a screening process for determining certain information about children's performance in certain tasks and their behavior in the classroom environment. Those who may be "at risk" needed to be referred for further in-depth diagnosis on an individual basis. Those with special needs would have their curriculum designed and staff assigned before they began experiencing failure, or began experiencing educational and emotional adjustment obstacles before they experienced success at school. The need for parent involvement must be met through the design of the project, also.

The need for managerial support was recognized since the approval of the Superintendent was readily recognized in planning. The Superintendent pointed out that the support of the Board of Education would be critical as well, even though his support was enthusiastically granted

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[43]Petrone, op. cit., p. 44

and maintained throughout the practicum.

The need for a continuous needs assessment was expressed also as a basis for continuous development, especially if the project was to be implemented as a part of the educational program within the Re-1 Valley School District.

Practicum Plan Introduced. The concept of a readiness screening project was approved by the Superintendent of Schools as a practicum to be submitted as a proposal to Nova University, and as a project to be developed and implemented, should the practicum proposal be approved or not. The practitioner announced to the staff the situation concerning the use of the screening program as a practicum, and none expressed any concern; several expressed support.

The Board of Education approved the proposal of developing and implementing a week long kindergarten readiness screening project as requested. To involve more staff members into active participation at all levels of the project, the kindergarten teachers presented the request for approval in writing as documented in the Board minutes of March 15, 1976. (See appendix C.) The Board verbally mandated that no additional monies, personnel, or classrooms could be added as a result of this project.

The Principal's Advisory Council heard the proposal on March 16, 1976, and asked questions concerning the

proposal. Consensus of the group supported the continuing of efforts to develop and implement a kindergarten readiness screening program. The principals expressed support of the project as a practicum proposal to be submitted to Nova University for possible approval toward fulfillment of requirements for a higher educational degree.

The minutes of the Principal's Advisory Council of April 6, 1976, reflect continuous planning and concern for transportation of a small rural attendance center to have their children screened and transportation provided, as documented. (See appendix D.)

Developing and Implementing the Practicum

The development and implementation of this practicum was done in such manner as to achieve the objective and the sub-objective of the practicum to the highest degree possible within the constraints given by the Board of Education, those presented by the fact that such screening programs are relatively new in the educational arena, and that there was not a lot of time to develop and implement such a program.

This section of the practicum report is written to present a detailed report of what happened in terms of in-service programs conducted, tests adapted, forms developed, daily schedules of teachers, parental involvement, and unanticipated developments.

In-service Meetings, Tests and Forms Developed.

The minutes of May 5, 1976, of the Principal's Advisory Council reflect further planning and involvement of elementary building principals in the mailing processes and in observing and evaluating the screening program during the last week of May. (See Appendix D.)

In-service meetings were held for the participants as planned with the cooperation of all concerned. In-service sessions were scheduled as follows, participants are indicated also:

1. Immaturity and Screening Program was presented by Dr. Robert Segerstrom in March. Two hour session held. Participants included the practitioner, school psychologists, kindergarten teachers, special education staff members, Director of Child Study Services Center and certain elementary principals. Immaturity was defined as inability to perform certain tasks and behavioral characteristics in comparison to others. Non-readiness and immaturity were defined as comparables.
2. An in-service session was held next to examine screening and diagnosis programs, purposes, and concepts. The session was conducted by the practitioner and W. Charles Nix, the Director of the Child Study Services, who is also a certified school psychologist. Topics covered concepts of group testing, special education staff involvement, diagnostic testing, and follow-up designs. General information sought in Level One screening was discussed. Two more in-service meetings were held to discuss screening programs, Level One screening, Level Two screening, and how they would be adapted to the various alternate problem solution strategies being considered. Concepts expanded at each session. The data of the needs assessment was considered also at these sessions.
3. An in-service meeting concerning testing, referals, communications, and parental involvement was held to include all participants as listed above. This

APR 22 1977

session, like all the rest, was for two hours in duration. The topic was discussed by all participants with the practitioner filling the role of pushing for supportable and definitive answers.

Additional meetings and sessions were held to hammer out procedures, the final form of task tests, and details about schedules and procedures. These often did not include the practitioner, because they were often brief, short meetings between certain participants, not all participants. Most of these meetings, if not all, included the kindergarten teachers, or a sub-group of kindergarten teachers, and the Director of the Child Study Services Center. Martha Finch, Chairman of the Kindergarten Teachers, kept the practitioner informed of all meetings and developments.

A Test of Tasks for students to accomplish was developed by the staff. The task tests and their purposes are included as described in the following pages. The tests were designed to assess the students readiness to perform certain school tasks. (For ease of review, and as a form of documentation of in-service meetings, the Test of Tasks is also included in appendix E.)

Test of Tasks, Explanation

Name of Sub-Test	Purpose of Sub-Test
Shapes Test	Used to assess the child's ability to identify six shapes. Given by an aide or teacher.
Numbers, Part I	Used to determine child's concepts of numbers, 1-8. It

Name of Sub-Test	Purpose of Sub-Test
0 0 0 0 0 0 0 0	also tests child's ability to count by rote. Given by aide or teacher.
Numbers, Part II 1 5 11 3 10 2 6 7 4 9 8 12	Used to determine the child's ability to recognize numbers 1-12. Given by an aide or teacher.
Gingerbread Man (Cutting Test) Group Test. Have child cut Gingerbread Man on exterior lines as demonstrated by teacher.	Used to evaulate the child's ability to follow directions, to handle scissors, and to cut accurately.
Elephant (Cutting Test) Group test: have child cut on solid lines, fold on dotted line and stand up.	Used to observe child's coordination, ability to follow directions, familiarity with scissors, and ability to use scissors. Manipulative ability is tested when child is asked to fold on the dotted line.

Name of Sub-Test	Purpose of Sub-Test
Color Test Part I, "Hand Me..." _____ Red _____ Orange _____ Yellow _____ Green _____ Blue _____ Purple _____ Brown _____ Black	Used to determine child's ability to recognize the primary colors and the five secondary colors. Given by an aide or teacher.
Color Test Part II, Hand Color to Child and have him name it. _____ Red _____ Orange _____ Yellow _____ Green _____ Blue _____ Purple _____ Brown _____ Black	Used to determine the child's ability to name the eight colors. Given by an aide or a teacher.
Turtle and Teddy Bear (Coloring Tests)	Coloring tests are used to evaluate the child's behavior when given the following tasks. 1. Hand to eye coordination performance 2. Appropriate use of colors as discussed with group. 3. Familiarity with crayons as demonstrated. 4. Knowledge of colors as

Name of Sub-Test	Purpose of Sub-Test
II Discuss appropriate colors to be used for the various parts of the picture. Instruct the children to color neatly and stay in the lines. Given as a group test.	demonstrated. 5. Ability to follow directions. Two tests are used in order to make a comparison only with the second one. The first one is for drill.
Draw-A-Man	To assess the students drawing of a man on the basis of certain categories. A scoring sheet is used in conjunction with the test. To assess maturity. This sub-test validity is taken from the kit suggested by Ilg and Ames in their book, School Readiness p. 35. The Incomplete Man was adapted as a sub-test because of the statement made by the authors that if only one sub-test could be given, this

Name of Sub-Test	Purpose of Sub-Test
	would be the one they would use of all the sub-tests they recommend in their Developmental Examination's Kit.
Given to students in a group. Evaluated by teacher in accordance with a scoring sheet. Evaluation is subjective and allows for comparisons of children's drawings.	The test, Draw-A-Man is taken from the Metropolitan Readiness Kit. The key for evaluating is included in the test booklet instructions.
Pasting Test (Cutting sheet should be in different colors than pasting sheet). Cutting Page Pasting Page Cut on dotted line. Match figures. Paste on pasting page.	Used to observe child's ability to use scissors, to do eye to hand coordination tasks, to match shapes, to use paste (or glue), to observe a child's ability to follow directions.

The test sheets are filed in an individual student file. The file is used to show to parents when counseling with them about their child's performance in relationship to school tasks as attempted in the classroom environment. Whenever deemed necessary, comparative statements and illustrations can be made as long as children compared with are kept anonymous.

A comparison score sheet is recorded in each student's file as compiled on each sub-test. The format for such a sheet is as follows:

STUDENT SCORE SHEET, TEST OF TASKS

E - Excellent
G - Good
F - Fair
P - Poor
N - Not at all

STUDENT SCORE SHEET

Student _____
School _____
Teacher _____

Subject	Comments	Score
Coloring		
Cutting		
Number Recognition		
Number Writing		
Counting		
Name Writing		
Draw-A-Man		
Color Recognition		
Shapes Recognition		

A copy of the Student Score Sheet, Test of Tasks, Re-1 Valley School District is shown in appendix F for

review and as part of the documentation that such forms were produced and used in this district.

Some teachers compiled a sheet to further enable them to make comparisons. These were not part of the testing program but would possibly have been helpful. At least one other teacher added some tests given by the teacher of learning disabilities who worked with her in her room. Different teachers assigned different kinds of comparative scores, it is noted. This classroom analysis sheet is enclosed in Appendix G.

Other forms adapted consisted in forms to collect information from parents and forms to communicate to parents.

Forms to collect information from parents included location card, and a medical information card were selected. If further information was needed as a portion of the Level Two screening, a social worker collected the behavioral history recommended by the evaluators involved. Since these are forms used in the every day functioning of the school system, and not designed specifically for this practicum, they are not included in this report.

Forms to communicate to parents were used to suggest the format of the communication by the kindergarten teachers or the special education teachers. These covered the main ideas as indicated:

1. The screening revealed that apparently no learning disabilities are observable at this time. Reasonable success in the initial school experiences is predicted. A conference will be scheduled only if the parent desires one.

2. The screening determined that further observation in the fall is advisable. That the teacher and other trained observers such as teachers of learning disabilities and school psychologists will be involved. A list of readiness activities as adapted from the Early Prevention of School Failure project is included. Further, a conference is suggested at this time to review the child's individual record. A time for the conference is suggested, however, it is also indicated another time could be arranged if another time is more convenient.

3. A possible learning disability has been detected. An interview conference should be arranged. A professional person who works with confidential materials will contact you to collect necessary background information from you, to obtain parental permission of further evaluation, and to arrange the evaluation sessions. (See appendix H)

Level One and Level Two Screening Implemented.

Level One screening occurred in class during the five one-half day program in May. Level Two screening occurred after that time.

Teachers used the Task Tests to compare the work of the children. They also used behavioral observations of the childred as well, in comparison with other students, and their adjustments to the group, the task, and the time of the program.

The literature reviewed stressed that generally maturity and immaturity can be determined by classroom teachers. It also determined that teachers could observe and detect other learning disabilities, also. They could not define the exact learning disabilities, nor determine

exact special needs curricula, but they could determine that the disability possibly existed.

Children who were scoring in the lowest twentieth percentile, as observed by the teacher, were discussed among the classroom teachers and other observers, and if agreement was reached, they were identified as possibly immature, "risk," "moderate risk," or "high risk."

Categories for observing of behavior were listed as follows:

1. Maturity,
2. Immaturity,
3. Attention Span,
4. Impulsiveness,
5. Social and emotional adjustment,
6. Distractability,
7. Motor control, and
8. Poor speech and language development.[44]

The speech therapists scheduled further examinations with children who displayed speech and language problems. If the problem seemed to be a perceptual or communicative handicap, the child was referred to a person certified to diagnose such children, such as learning disabilities teachers or school psychologists.

Children with motor control were examined again by a learning disabilities teacher. If such motor control was

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[44] Keogh, Tchir, and Windeguth - Behm, op. cit. pp. 43-50. (See also Mary Cowgill. "Predicting Learning Disabilities from Kindergarten," Journal of Learning Disabilities. November, 1973, pp. 577-582.

confirmed, further referral was made for in-depth diagnosis and possible corrective curriculum.

Children with possible impulsiveness, social and emotional adjustments, and distractability characteristics were referred to school psychologists for further evaluation.

Since special education staff members worked on ten month contracts, they were on hand for Level Two Screening during the first two weeks after the readiness screening program was completed, and were available for two weeks in the fall before school began.

School psychologists work on a twelve month contract and were available during the summer months.

A D and E Unit (Diagnostic and Evaluation Unit) consisting of a psychologist, an audiologist, a medical doctor, an occupational therapist, a neurologist, and a learning disability specialist was designed to help screen pre-school children further who apparently had possibly severe and multiple handicaps. The D and E Unit was not a part of this practicum, but was a direct side-effect of the practicum. At one point during planning the D and E Unit was referred to as Level Three Screening, however, it is more appropriately a part of Level Two Screening.

Dr. Robert Segerstrom authored a federally funded Title VI-B grant which would provide in-depth diagnosis, and some stimulation therapy if needed, for up to twelve

children. The grant had to be submitted through the Re-1 Valley School District due to legal requirements and coordinated with the Director of the Child Study Services Center. During the summer, eight (8) students were diagnosed. Two are treated by other agencies and six are in kindergarten now. Four are on medical treatment, five are receiving further therapy from the personnel at the unit. Such available diagnosis, therapy, curriculum design, and classroom support has been a significant boost to this practicum.

Parents of those who were determined to be too immature for school tasks were counseled to keep their children at home for one more year. Those who were considered slightly immature, or considered to have possible other learning disabilities and immaturity were recommended for placement in the fall "Probationary Trial Period."

Children were categorized as "high risk," "moderate risk," "risk," and "immature only" by teachers and special education teachers. Conversations with school psychologists since the end of the practicum have revealed a general discouragement of such labeling. They consider labeling of any kind that is unnecessary to be of a poor practice. Level One screening needs to detect a learning disability, not label it. The Secondary Screening level, the level of

individualized diagnostic services, is not served by a label. The professional literature seems to prefer either "at risk," or "high risk" to label the child suspected of having educational or emotional obstacles to learning before they can adjust to learning successfully. Some single out the term immaturity. Therefore, this practicum dropped the labels "medium risk" and "risk" soon as the practicum was completed and uses the terms "high risk" at Level One screening level.

A student in the next lowest twenty percent is identified for further observation by special education staff members for the fall "Probationary Trial Period." The staff member assigned to the child will make a referral for further Second Level screening, or will report on the present status of the child at the end of the first six weeks of school.

The Daily Schedule of the Five and One-half Day Screening Project: Level One. The daily schedule that was implemented for Level One screening was arranged by developing a typical schedule. Some schedules varied to permit one itinerant learning disabilities teacher, three itinerant psychologists, and two speech therapists to be present at various schools when sub-tests were given to promote observation.

The typical schedule was as follows:

Monday

8:35 - 8:50 A.M. - Pledge of Allegience (teacher saying pledge)
Roll Call with Name Tags
Finger Play
Discuss Calendar Events for the Day

8:50 - 9:00 A.M. - Restroom Break - detail information and break

9:00 - 9:30 A.M. - Coloring Test - Gingerbread Man (Introduced as a fun activity, although children are encouraged to do their best.)
Colors test given by aides or other teachers to individuals.

9:30 - 9:45 A.M. - Snack - orange juice and crackers.

9:45 -10:00 A.M. - Story Time - read a story while children are in a circle.
"Gingerbread Boy."

10:00 -10:50 A.M. - Finger Plays
Music - Record
Fun and Fitness
Walk Around Room

10:50 -11:00 A.M. - Prepare to go Home
Review of Day

11:00 - 4:00 P.M. - Evaluation sessions with other professional observers.
Telephone or contact in some way parents of children who couldn't be there the first day and encourage them to come to the rest of the school sessions.
Turn in count present to principal.

Tuesday

8:30 - 8:50 A.M. - Pledge of Allegience (Teacher saying pledge, and asking all adults and students in joining her that know the pledge.)
Roll call with name tags
Finger Play
Review calendar of events for the day
Show children another portion of the building. Walking around as practiced in class the day before

8:50 - 9:00 A.M. - Restroom Break - review procedures.

9:00 - 9:30 A.M. - Draw-A-Man Test - Speech therapist will be evaluating various children individually at this time.
Play records to relax children throughout this period. Have them listen to music after they have drawn the man.

9:30 -10:00 A.M. - Story Time - Teacher's Choice
Speech therapist will be evaluating various children at this time.

10:00 -10:30 A.M. - Puppets such as in I.T.P.A. Kit
Play little conversation games.

10:30 -10:50 A.M. - Restroom Break
Free Play recess

10:50 -11:00 A.M. - Prepare to go home
Review activities of the day with children. Remind them to tell their parents about what they have done at school

11:00 -11:59 A.M. - Record observations with others or individually
Break

12:00 - 1:30 P.M. - Lunch

1:30 - 4:00 P.M. - Evaluate coloring tests
Prepare for the next day
Report count to the principal
Follow-up on any children absent this date only.

Wednesday

8:30 - 8:50 A.M. - Pledge of Allegience (Teacher leading all who want to join in) Review reason to pledge to the flag.
Roll Call with name tags
Review Calendar of events for the day
Show children around the rest of building, if not already completed.

8:50 - 9:00 A.M. - Restroom Break (do not review procedures unless a new child has enrolled into the screening program, or unless someone asks for directions.)

9:00 - 9:30 A.M. - Counting Test (have as many aides, teachers, and volunteers as possible to help with this.)

9:00 - 9:30 A.M. - Note: seniors are dismissed during this week and may be used as volunteers also. Include principals, too, they like to be involved.

9:30 - 9:40 A.M. - Snack - orange juice & crackers

9:40 -10:00 A.M. - Teddy Bear and Turtle coloring test.

10:00 -10:20 A.M. - Recess - structure some games that include tossing the ball to the teacher. The physical education teacher assigned to the building can be used as a resource for suggestions. Have alternate suggestions in case it rains. Learning disability teachers should observe or have balls tossed to them also. Structure small group play.

10:20 -10:40 A.M. - Film: "Zoo Animal Rhymes" Discuss rhymes - Ask children if they know a rhyme. Note: Schedule film with A. V. coordinator as a group. See that it is hand carried to next teacher on schedule.

10:40 -10:50 A.M. - Restroom Break

10:50 -11:00 A.M. - Prepare to go home Review the events of the day

11:00 -12:00 A.M. - Prepare for meeting in afternoon with parents. Prepare for the next day. Turn in count to principal.

1:30 - 3:30 P.M. - Meet with Parents Introduce self, principal, and special education staff Explain Level One screening purpose and procedure. Distribute blank Test of Tasks. Explain what kindergarten goals and activities are. Explain problems with readiness and immaturity. Have someone on special education staff, who has prepared in advance, explain the Level Two Screening. Have principal, who has prepared in advance, explain the importance

1:30 - 3:30 P.M. - of parental interest and involvement. Hand out suggested activities lists. (Note: These are mailed later to all parents also. The purpose here is to have a handout at this time.) A Kindergarten Parents Handbook will be prepared as a result of the experiences obtained in this practicum project which will be given to future groups of parents at Parent Orientation Session such as this.

3:30 - 4:00 P.M. - Visit with parents informally

Thursday

8:30 - 8:50 A.M. - Pledge of Allegiance (ask for a leader to volunteer. If none, teacher leads, or another adult is perpared to volunteer.)
Roll Call
Explain Calendar events of the day.

8:50 - 9:00 A.M. - Restroom Break

9:00 - 9:30 A.M. - Shapes Test
What is this shape?
Draw this shape for me
Trace shapes

9:30 - 9:45 A.M. - Snack - orange juice & crackers

9:45 -10:15 A.M. - Elephant Cutting Test
Use of scissors, and safety with scissors explained first. Be gentle but firm with horseplay and scissors.

10:15 -10:45 A.M. - Listen to tape, "Pinocchio" Coordinate this tape into schedules as a group with the A. V. Coordinator. He can put in extra tapes if too many conflicts arise. Have tapes hand carried after using to the next teacher.

10:45 -11:00 A.M. - Brief restroom break and prepare to go home. Review activities of the day with children.

11:00 -11:59 A.M. - Evaluate and record observations

1:30 - 4:00 P.M. - Review results to date with special education staff members. Include principal

1:30 - 4:00 P.M. - Contact children who have been absent only today to encourage them to attend school on Friday.
Prepare for next day.

Friday

8:30 - 8:50 A.M. - Pledge of Allegience (Teacher or volunteer leading)
Roll Call
Discuss events of the day
8:50 - 9:00 A.M. - Restroom Break
9:00 - 9:30 A.M. - Cutting and Pasting Test
9:30 - 9:40 A.M. - Snack - orange juice & crackers
9:45 -10:10 A.M. - Story time with record
10:10 -10:40 A.M. - Songs and Actions
10:40 -11:00 A.M. - Short recess, restroom break, prepare to go home.
11:00 -11:59 A.M. - Evaluations and recording observations
1:30 - 4:00 P.M. - Assess pupil behavior during week.
Complete individual records
Review ratings with special education staff assigned to building.

For the two days left for staff to complete contractual obligations, the kindergarten teachers made referrals in cooperative decisions making, communicated to parents about screening results, arranged conferences with parents concerning immature only students, and arranged conferences with parents concerning a Fall Probationary Period recommendation. Parents who wished to arrange conferences with teachers were "conferenced."

An evaluation session was held with all participants during the afternoon of the last day of contractual work for regular contract personnel.

Communications and Parent Involvement. Parent

involvement was developed as conceptionalized and planned in the development stages.

Parents were informed by letters and by media notices concerning the weeklong readiness screening program. The news media articles and individual letters sent home by building principals downplayed the role of the weeklong screening process by labeling it as a "Kindergarten Orientation Program." The practitioner, on the advice of staff participants, assumed that the emphasis should be on a positive and non-threatening invitation to parents to have their children participate in the program. The theme of getting acquainted with the child and having the child know the school and the teacher better was also emphasized.

After the project was completed, it was felt that in the future, the title of "Kindergarten Orientation Program" be continued in news media and letters to parents, and emphasize that among other advantages for participants a kindergarten school readiness screening project is an integral component.

Parents were involved in any decisions concerning their children with exception that their approval was not sought in cases of children who scored higher than the lowest forty percent. These parents were told simply that, as of this date, no further kindergarten readiness screening appeared to be required.

All other parents were actively encouraged to be involved in decisions about Second Level screening, Probationary Trial Period recommendations, and any subsequent staffing sessions in which special curriculum needs were designed and suggested.

A meeting for parents to inform them about kindergarten, as planned in the teacher's schedule, was held. Suggested activities to be done with the children during the summer was distributed at the meeting and mailed to parents later if such activities suggestions seemed to be in order. In many instances, in conversations with parents, teachers suggested activities that related to certain sub-tests in the Test of Tasks.

Parents who had their child approved, or who decided their child should have been placed in the Probationary Trial Period were encouraged to observe the child in class for observations of the child before further decisions were to be made. This was emphasized in cases where correct assessments and effective counseling were being sought.

Parents were encouraged to share developmental and medical histories when these were requested. Parents were recognized as being the most knowledgeable person concerning their own child.

Their right to make educational placement decisions concerning their own child based upon professional

knowlege and recommendations supplied by special education staff members was emphasized.

Their right to continuous feedback of information concerning any information gained in Level One screening that would possibly indicate a learning disability, and for feedback to any information gained during Level Two screening was purposefully promoted and implemented in this practicum as a solution sub-objective.

Evaluating the Practicum

The purpose of this section is to describe evaluation planned and accomplished to determine effectiveness and progress made in the development and implementation of an "Effective Kindergarten Readiness Screening Program in the Re-1 Valley School District."

Educational Worthwhileness. The project was considered worthwhile by the practitioner, staff participants, the Superintendent of Schools, and the Board of Education. These same people thought it so worthy that they declared the project would be implemented whether or not the practicum proposal was accepted by Nova University for partial fulfillment of work requirements toward a degree for the practitioner, Donald White. Thus, they have deemed the project educationally worthwhile by supporting continuous implementation of the Kindergarten Readiness Screening

Program.

The Director of the Child Study Services has only recently received a notification from the Colorado Department of Education concerning a mandated requirement of the federal handicapped law, i.e., each school district must have a Child Find component active in order for either the state or the district to be eligible for funds under the act. This information will be further clarified at meetings held after this practicum report is completed and submitted. However, it is rather clear that Child Find is a screening process for all children who enter a school district. The educational worthwhileness of this project is not validated by federal legislation; however, the federal government does feel that screening for disabilities and providing follow-up educational activities are important enough to issue legislation mandating that such procedures shall occur in all school districts at sometime in the future.

The Director of the Child Study Services has stated that this practicum for Nova University, as implemented, shall put this district in a very good posture towards meeting the law. Only newcomers to the district need to be screened to meet the law as he interprets it. He shall be reporting our program as implemented to other directors of special education at the meeting called to clarify the

federal law requirements.

The needs assessments indicated the project was definitely needed in the Re-1 Valley. There were children who were experiencing failure, retention, rejection, low self-images, and behaving in hyperactive-agressive manner who were inadequately screened, if screened at all.

The needs were assessed appropriately and the practicum design was planned, developed, and implemented to meet the needs. The worthwhileness of the project is further validated upon its having met the needs as assessed to an acceptable extent.

The cost of the practicum to the school district was almost nil. Transportation home at the end of each day's session was all that was provided, with the exception that the district does host for coffee and cookies at in-service meetings. Several students rode buses; most rode in car pools provided by mothers. Mothers were contacted about school furnished transportation but generally chose to drive their children to and from the five one-half day sessions. No additional staff or classrooms were needed to complete the project. As a matter of fact, one speech therapist was lost to the school district due to Colorado Department of Education guidelines for staffing school district special education programs.

The cost to the district and the children, if the

practicum had not been implemented would be the definite continuation of costly failure experiences in the earliest stages of a child's educational program in the Re-1 Valley School District. Such experiences that cause such damage to the individual child that possibly will never be corrected no matter how much cost is invested.

Formative Evaluation. Formative evaluation as planned during this practicum was accomplished in the following ways:

1. Individual conferences with staff participants were held by the practitioner throughout the practicum development and implementation to ensure progress. These one-to-one meetings were used to discuss such topics as maturity, readiness, screening, diagnosis schedules, parental involvement, follow-up, and evaluation as they effected the kindergarten readiness screening program.

2. Conferences with staff participants at in-service sessions.

3. Observations made during the week long, five one-half days of the Level One screening program.

4. The Time-Action-Input schedule was used to keep this practitioner and participants on schedule and to serve as a monitoring process to assess the progress of the practicum.

5. The Administrative Council, consisting of all principals and other administrators of the school district,

twice a month for two to three hours each meeting. Events occurring during planning and implementation of the practicum were discussed and evaluated. Such discussions would include transportation arrangements necessitated, logistics, schedules, principal's role, practitioner's role, Level One Screening, Level Two Screening, parental involvement concepts to be implemented, and goals and objectives as they related to activities. The Administrative Council serves as a management support system for all administrators to present information, raise questions and concerns, seek clarification, present rationales, seek resources, etc. The Administrative Council played a very helpful fole in supporting the project and actively seeking and assuring its success.

Formative evaluation also serves as a basis of revision, which this practicum did undergo to some extent, at the planning stage. The change from screening for immaturity only before school began changed to include all possible learning disabilities. Teachers began to see characteristics of immaturity as possibly caused by other disabilities, or in conjunction with other disabilities which must be corrected in the school setting and not left to chance that the child "might grow out of it."

The project planning changes sometimes caused some difficulties elsewhere, such as in expansion of the

implementation phase from the five one-half days only to include the "Probationary Trial Period," and from Level One screening only to Level Two screening, also.

Summative Evaluation. The summative evaluation includes the assessment of the project in terms of the stated primary objective and the process objectives as described in the section entitled "Indicators of Implementation."

The data collected for this section of the practicum is included in the appendix as noted for purposes of ease of review and for documentation that this type of evaluation was conducted.

The primary objective was achieved: an effective kindergarten readiness screening program was developed and implemented in the Re-1 Valley School District as documented by the three outside observers and evaluators.

The data indicates that eighty (80) percent of the total of immature students identified during the spring Level One screening and the Probationary Trial Period were identified as immature during the spring Level One screening. Thirty (30) students were identified in the spring and six (6) were identified in the fall that were not identified in the spring. The evaluative criteria for a successful rating was that eighty-precent would be so identified as established by staff participants to set

their own evaluation goal for their own determination of success. (See appendix I, Example of Evaluation, Questionnaires, Kindergarten Teachers.)

The data was used to determine if the readiness screening program was more efficient or not in the identifying process concerning immature students, and in lending credibility support to counseling out immature children.

The previous years data for certain information was compared to data gathered for the implemented kindergarten readiness screening program and the following results appeared to be available for comparison:

Five (5) were counseled to remain out of school in 1975, while seventeen (17) were counseled out in 1976, as a result of the weeklong readiness screening project. There is an increase in precentages of 1.9% to 5.6% in detection of immature children as counseled out; however, the number is twelve (12) more for the 1976 program which appears to be a plus for the 1976 readiness screening program.

Twelve (12) students had to be counseled out as a result of the previous year's experience, which is 4.6% and was larger than the 3.6% who had to be counseled out during the Probationary Trial Period of the Kindergarten Readiness Screening Program. The data revealed that eleven (11)

students had to be counseled out from a 1976 kindergarten enrollment of three hundred and two (302). This data appears to be a plus for the Kindergarten Readiness Screening Program over the previous years experience.

Sixteen (16) students in the 1975-76 school year had parents who refused to have them counseled out during the school year; a total of six (6) percent of the students enrolled. The experience of the Probationary Trial Period reveals that a total of six (6) sets of parents refused to be counseled into removing their child; an amount totaling to less than two (2) percent. Another plus for the Kindergarten Readiness Screening Program, apparently.

The indicator of "five percent fewer children will be assessed as immature and in class during the first six weeks of the regular school year than was assessed as such for the previous year" was not reached. The gain was eight (8) in number, but only three (3) percentage points in comparison to respective enrollments.

Another indicator of comparative effectiveness revealed the fact that "the screening program did result in a higher percentage of immature only children to have been counseled out by the end of the first six weeks, including those counseled at the end of Level One screening in the spring " (7.9% compared to 1.9%, in favor of the readiness screening program).

Not all students who had a learning disability were detected by the spring program. One student in the fall, who participated in the spring program was discovered who was not discovered earlier. The criteria that all would be identified was not reached, although very nearly reached.

The criteria that all special needs will be evaluated and that all special needs curricula will be designed and implemented by the end of the Probationary Trail Period for each student identified in the spring, and with whom Level Two screening was in agreement, was accomplished. A letter from the Director of Child Study Services validates this statement. (See appendix J).

The opinion ratings show a gain in average opinion ratings in all the components in the kindergarten teachers' questionnaire for the kindergarten screening readiness program of 1976, as implemented in this program, and as compared to the 1975 Kindergarten Roundup.

The data also shows that by using a statistical definition of a whole number as being the mid-point between half numbers, that one can achieve a rating of the following categories for the various components as shown, and the years as indicated:

4.51 - 5.	(5) Very Satisfactory
3.51 - 4.50	(4) Satisfactory
2.51 - 3.50	(3) Adequate
1.51 - 2.50	(2) Needs Some Improvement

.5 - 1.50 (1) Needs Much Improvement

Component	1975	1976
1. Testing instruments used (reliability and validity)	2.00 Needs Some Improvement	2.83 Adequate
2. In-service meetings and training	1.67 Needs Some Improvement	4.00 Satisfactory
3. Supplementary evaluation Staff (special education)	1.67 Needs Some Improvement	2.83 Adequate
4. Evaluation systems	1.67 Needs Some Improvement	2.83 Adequate
5. Central office support	2.67 Adequate	3.00 Adequate
6. Knowledge concerning year's class	2.33 Needs Some Improvement	4.00 Satisfactory
7. Knowledge concerning "risk" and "high risk" children	2.00 Needs Some Improvement	3.17 Adequate
8. Play observation of children	2.33 Needs Some Improvement	4.17 Satisfactory
9. The "Probationary Trial Period" (Implemented in 1976)	2.33 Needs Some Improvement	4.00 Satisfactory
10. Feelings about parental participation	2.67 Adequate	3.67 Satisfactory

It is of interest to note that there are only two rankings "adequate" in the 1975 year; all of the other eight rankings were below that. In 1976, five rankings were adequate, and all the other five were above that.

The data alone would reveal that there is small demand for improvement; however, the three lowest rated components

for 1976 were testing instruments used, supplementary evaluation staff (special education), and evaluation systems. The written comments submitted with opinionaires indicate these areas need imporvement also and offer some suggestions.

Suggestions for future improvement are included in the section, "Revisions Needed in the Practicum as Suggested by the Evaluation." (p. 140)

Parents were asked to complete an opinionaire reflecting their attitudes and the attitude of their children concerning certain components of the 1976 Kindergarten Screening Readiness Program. Parents were randomly selected by spinning the enrollment card information wheel at least one full revolution between picks, and then picking the child enrolled during the screening period closest to the selection. Thirty-five (35) parents, or sets of parents, were sampled; twelve (12) opinionaires were returned. (See appendix K, Parent and Student Attitude Assessment Questionnaire.) The rating scale was the same, and an average rating of "adequate" was sought for each item ranked. The rankings for each item as indicated follows:

	Average Ranking	Ranking
1. Feelings about parent participation	3.58	Satistactory

	Average Ranking	Ranking
2. Kindergarten orientation	3.83	Satisfactory
3. Counseling received	3.41	Adequate
4. Child's attitude about the week at school	4.58	Very Satisfactory
5. Child's attitude about activities at school	4.58	Very Satisfactory

Every item was apparently determined to be adequate or better. The children seemed to rank the program higher than parents did in their attitudes. Parents placed the counseling received as their lowest ranking when grouped for averages. Suggestions were made which will be included in the section, "Revisions Needed in the Practicum as Suggested by the Evaluation." (p. 140)

All "Indicators of Implementation" were accomplished.

The Kindergarten Staff Handbook was completed in the form of a "Working Draft." It contains the tests used, the procedures to be used in Level One and Level Two Screening, and communications to be followed. (See appendix O.)

The Kindergarten Parents Handbook was completed as a working draft and is to be an orientation document for parents of kindergarten children. It will help to provide the purpose of kindergarten and the importance of an

appropriate initial learning experience for their children. The kindergarten readiness screening program will be presented in the handbook. (See appendix P.)

Evaluation of Planning and Estimating Techniques. The effectiveness and helpfulness of planning and estimating techniques is included as part of this practicum evaluation to ascertain the integrity of the practicum as implemented compared to the development intentions and the usefulness of the planning and estimating techniques, as follows:

"Resource Inputs Ascertained"
"Detailed Requirements for Solution"
"Alternate Solution Strategies Considered"
"Practicum Action-Time-Input Strategy Design"

"Resource Inputs Ascertained." The practitioner estimated most input resources required closely enough to derive some satisfaction with the planning and estimating technique, as reflected in the section entitled, "Resource Inputs Ascertained."

The practitioner underestimated the number of days required to write the proposal by one-half. The number of days, including the needs assessment and the addendum, totaled fourteen (14) days. Evaluation of the project required an increase in estimate to ten (10) days.

The psychologists were involved in more time for observations, assessments and consulting sessions, by fifteen (15) days more than their estimate. Staff estimates

were made to obtain these totals.

The total parent involvement was closer to three hundred (300) days, not six hundred (600) days, as was originially estimated. Staff estimates were made to obtain these totals.

The cost estimates were correct. The constraints given by the Board of Education were followed, i.e., no additional money, staff, or school rooms were to be necessary to implement the project.

The "Resource Inputs Ascertained" were helpful in conferences with the Superintendent to gain support for the project. As Superintendent of Schools, he requires similar planning details before committing the support of his office.

"Detailed Requirements for Solution." The practitioner used this technique for planning the details required in achieving the solution. The planning of such process objectives enabled the practitioner to more clearly define sub-objectives that needed to be achieved to an acceptable degree in order to achieve the main objective, i.e., the development and implementation of an effective kindergarten readiness screening program.

The helpfulness during the development phase was in achieving an effective communication device for all staff participants concerning the different process objectives.

The written sub-objectives served as a continuous reminder of what needed to be done and as a list for managing and planning development, conferences, and in-service training.

The information developed was helpful in obtaining support of the Superintendent, as well.

"Alternate Solution Strategies Considered." The process of considering alternate solutions provided a format for realistic in-service sessions. The reasonable involvement of possibilities appeared to be intriquing to all participants, as well as the practitioner.

The format provided discussions somewhat free of threat or commitment to ideas. The idea that school readiness is the responsibility of the school to meet the variety of needs that children have was able to be explored, for example.

The section as developed also can be used as a model for looking at constraints in realistic terms, and "what could be" if the constraints were eliminated. Information formulated in this manner may be useful in communicating possible future developments as well.

The practitioner found this planning and estimating technique to be very helpful in developing this practicum.

"Practicum Action-Time-Input Strategy Design." This planning technique served as a format for relating events,

sub-objectives, and resources in a managerial form. It was helpful and effective to this practitioner in performing formative evaluation functions as well during the progress of developing and implementing the practicum.

Side Effects of the Practicum. The practitioner evaluated side effects by asking participants how they felt about the practicum project in general, and if anything in particular concerned them. Further, the practitioner felt that some side effects could be anticipated and looked for them.

The practitioner's determination concerning anticipated side effects are as follows:

1. Participants, and the practitioner, are more aware of school readiness programs and more knowledgeable about them in discussions.

2. Participants, and the practitioner, possess more understanding concerning learning disabilities, including immaturity.

3. Students are reported by classroom teachers to appear to be more ready for school in the fall. Less anxiety and vascillation are mentioned most often in discussion.

4. Students, staff, and parents do seem to like the experiences, in general.

5. Extension courses were sought for kindergarten

teachers who were desirous of more expertise in trying to meet the needs and abilities of all children.

A workshop was arranged through the practitioners office with Dr. Phyllis Henry, University of Northern Colorado, for graduate credit for staff participants. This course was taught in Sterling during the fall quarter of 1976; twelve (12) of the participants were Re-1 Valley School District kindergarten teachers. (See appendix L.)

A direct communication system for delivery of an extension course was developed, as a side-effect, when Dr. James Ousely, University of Northern Colorado, was contacted to serve as an outside evaluator for this practicum. He suggested that he could serve as a faculty field experience supervisor for the kindergarten teachers to receive credit for further observations and reporting in the fall quarter of 1976. Their class effort culminated in a combined report: "The Efficacy of the Kindergarten Pre-screening Program." The Superintendent of Schools supported their class efforts by providing secretarial and material support. (See appendix M.)

6. Communications were expanded and developed among parents, classroom teachers, and special education. The talk was apparently child centered concerning his or her individual needs.

7. Group planning, implementing, and evaluating of

this practicum was apparently an enjoyable experience. At times it was hectic, exhausting, exasperating, frustrating, compromising, and more; but the final overall results would be assessed as enjoyable for the participants.

8. In-service education appeared to be enjoyable for the practitioner and participants. Here again, this is an overall assessment, because there were instances where the opposite seemed to have been the truth.

Some non-anticipated side effects were observed by this practitioner, as well.

One such development of importance was that one of the psychologists consulted as a resource person in conceptionalizing a solution, Dr. Robert Segerstrom, is the director of the Diagnostic and Evaluation Unit of the Rehabilitation Center in Sterling, Colorado. He suggested that federal funds could be obtained through the public schools for evaluating pre-school children and providing therapy in certain instances.

The Director of the Child Study Services, Dr. Segerstrom, and the Colorado Department of Education developed a project which was funded under Title VI-B, Education for the Handicapped, P.L. 93-380, for 6,441.00. Dr. Segerstrom did the writing of the proposal and Mr. Nix, and Mr. White negotiated the proposal with the Department of Education.

Eight (8) children suffering multiple handicaps, or

severe handicaps in some instances, were referred to the D and E Clinic for evaluation and some follow-up therapy. All eight were evaluated by the end of the Probationary Trail Period. Most of the eight were evaluated by the beginning of the school year. Two (2) have been placed in institutions for more complete care and training outside of the public schools. The application material is submitted with this report as documentation of the existence of this project. (See appendix N.)

The attitude of kindergarten teachers toward the concept, or definition, of school readiness changed more favorably in that the responsibility for school readiness rests with the school, and not with the child.

The school's official position is to meet the educational needs of all the students. This has not been the case in terms of kindergarten children who enrolled into our schools. This still is not the case, but we've made progress toward the official position. Our kindergarten teachers tend to feel that it is not the job of special education only, but of all educators.

The original idea of preventing school failure experiences for immature students by having a five and one-half day screening program in the spring expanded to include a screening program that involved a "Probationary Trial Period" of four weeks, later changed to six weeks. Further

expansion also included all learning disabilities in the screening process, including immaturity.

Teachers felt more inclined to accept immature students in the fall with the "Probationary Trial Period" and with the support of the special education staffs involvement in further observation, testing, staffing early in the fall.

Level One screening and Level Two screening were seen as viable communication linkages for communicating suspected learning disabilities among the kindergarten teachers, the special education staff members, and parents.

Curriculum suggestions were implemented early in the fall upon evaluations and suggestions of special education teachers, and with the knowledge and consent of parents if special education needs were identified. The kindergarten teachers were appreciative of such support. They want more such support in the future.

The screening as developed as Level One screening is one in which the observation of the behavior of children in comparison with other children is emphasized. Kindergarten teachers agree with this concept. However, they do express some uneasiness with the Task Test they have helped develop. They do suggest a readiness screening test that is commercially produced be sought that will be satisfactory for future use.

The continual shift in such concepts, led to revisions in planning, developing, implementing and evaluating the practicum. Not all revisions were smoothly effected into all of the components. Nor did all participants agree to all the revisions. The practitioner was faced with the reality of a revised need and a revised primary goal as professional expertise was developed, concepts expanded, new ideas were adopted by the majority, and security was generated on the part of the insecure into trying to do different things.

"Revisions Needed in the Practicum for Future Use." One of the uses for evaluation in this project is to consider needs for revision based upon experience with the practicum as implemented.

Suggestions for improvement were requested by the practitioner and these suggestions were considered.

Observations were made by the practitioner that were made a part of considerations for revision also.

The evaluations revealed that the components of the project that received the lowest ranking were "the testing instrument used," "supplementary evaluation staff (special education)," and "evaluation systems."

The suggestions gathered suggest more time in class observing by special education staff, more coordination of effort between kindergarten teachers and special education

teachers, a definite plan for hearing and vision tests in every school, and suggestions that various, specific tests, as printed, be studied during the winter of 1976-1977 to be implemented in place of the Task Test. Another suggestion was that aides be made available for the testing in the spring if the time devoted to testing remains as much in the future. Also, reduction of time spent in testing was made as a suggestion for revision.

The kindergarten teachers' suggestions were also made in an extension class report for Dr. James Ousely, who is also serving as an external evaluator for this project. A copy of this report was submitted to this practitioner upon request for possible inclusion with this report. The specific recommendations made in the kindergarten teachers' report are as follows:

1. A standardized test be used for each child. Two tests considered for possible adoption are "Yellow Brick Road," and the "Gesell Readiness Developmental Test." A standardized test would cover more comprehensively certain areas of child development.
2. More involvement from special services. A hearing and vision test for each child be assured, some did not receive such a test. More observation by speech and teachers specializing in learning disabilities.
3. A more adequate and uniform system of record keeping was the third suggestion made. A form was developed in their class which could be considered for future use.
4. A fairly long range change would be used for some type of eventual placement for the children. Perhaps two types of kindergarten, developmental and readiness could be established after a pre-screening program was completed. (See page 11 of Appendix M.)

From the various inputs made concerning future revision

the practitioner will pursue the following steps.

1. Appoint a committee of participants to study and recommend by March 1, 1977, a test for the Kindergarten Readiness Screening project for the spring of 1977.

2. Ask the Director of Child Study Services to assure that hearing and vision screening be given to each child during the Level One screening phase. And that a fall screening be designed for those who were not screened during the spring. If more staff or equipment is required, these needs are to be made known to the practitioner.

3. Ask the Director of Child Study Services to develop schedules for observation during the spring for each special education staff member, including speech therapists, psychologists, teachers of learning disability, and teachers of severely limited intellectual capacity.

4. Design a task force to study the feasibility of different types of kindergarten programs for possible placement of kindergarten children as a result of screening. "Developmental" and "Readiness" kindergartens could be devined and studied among other alternatives. The first consideration would be to look at placement alternatives that would be possible under the present constraints that no additional money, staff, or classrooms are available.

The general evaluation of the practicum proposal is one of overall success. The Kindergarten Readiness Screening

Project will continue to be implemented in this school district, even if changes as suggested are not adopted. As a matter of fact, some suggestions made were to leave it as it is until further experience could produce more evidence that change is necessary.

The practitioner chooses to have the Kindergarten Readiness Screening program become as effective as it can be and this requires certain studies and action steps be taken at this time as listed above, which means the basic design will be kept as implemented.

CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The purpose of this chapter is to present a summary of the most important aspects of this practicum, conclusions drawn, and recommendations formulated regarding the development and implementation of an effective kindergarten readiness screening program.

Summary

A summary of the most important aspects of this practicum of developing and implementing a kindergarten readiness screening program is as follows:

1. A kindergarten readiness screening program was expressed as a need.
    a. Felt needs were identified.
    b. Needs were substantiated in a data survey, to assess problems as they are manifested by the lack of an effective screening process, which links evaluation with follow-up action.
    c. All available data was analyzed to determine requirements for a solution in terms of a required terminal product (screening program).
2. A kindergarten readiness screening program was determined as a problem solution by use of a thorough review of solution requirements and possible solution alternatives.

These included the following:

a. Determining what is and what is the desired future state.

b. Determining overall objectives and sub-objectives.

c. Analyzing and identifying detailed requirements needed to produce desired outcomes.

d. Identifying possible solution strategies and tools for accomplishing requirements.

e. Ascertaining through use of planning and estimating models, the tools and strategies to accomplish the program.

3. The Kindergarten Readiness Screening Program was implemented by the following actions.

a. Developing and acquiring tools and strategies.

1. Necessary forms

2. Tests developed or acquired

3. in-service training

4. Time-Action-Input Schedule operationalized

b. Participation by those involved as staff participants.

c. Selection of objectives.

d. Development of "Indicators of Implementation."

4. Determination of the effectiveness based upon such needs and requirements as follows:

a. Doing formative and summative evaluations.

b. Monitoring progress through use of the time-action-input schedule.

c. Determining helpfulness of planning and estimating components.

d. Reviewing and comparing intent of the project and changing plans or project processes to accomplish task desired.

e. Developing and reviewing all processes objectives with staff participants and making decisions regarding same.

f. Considering the educational worthwhileness of the project and side effects of the project.

5. The educational staff became acquainted with the class which allowed them to be better prepared for them in the preparations as indicated by the following statements:

a. Task Tests and other child behavior observations were completed by children during the spring for most of the children who enroll in the fall.

b. Special education staff members are assigned "high risk" children for further observation and curriculum needs assessment for the "Fall Probationary Period."

c. Children with possible learning disabilities are identified for further, immediate support in

the fall. They will not have to fail before help is identified as needed.

d. Children who were identified as possibly having serious problems were assigned for further diagnosis. Curriculum suggestions, and parental involvement, lent support of follow-up preparations for the next school year.

e. Level One, Level Two screening processes and their communications commitments were developed and implemented as participants estimated and determined their need.

f. Parent involvement in decision making, information presentor, and support system was developed along child centered communication lines.

6. Parents of children who were observed as immature only were given some options to excercise in determining what their child should do in view of the findings and professional recommendations, as follows:

a. Remove the child from entering kindergarten for another school year, or placement in an appropriate day care program.

b. Enroll child in a day care of pre-school program elsewhere.

c. Enroll the child in kindergarten on a "Probationary Trial Period" basis.

d. Insist the child continue to remain in kindergarten regardless of findings and recommendations.

7. Parents of children suspected or determined to be afflicted with a learning disability may make decisions such as the following:

a. Withhold permission for further evaluation and diagnosis (Level Two screening in this practicum project).

b. Grant permission for further diagnosis and evaluation.

c. Grant or withhold premission to design and implement curriculum as deemed necessary for the child.

8. The special education staff can participate in an implemented Level One screening program during a period of time, which for them is relatively not so busy.

9. The Level One screening is an efficient and effective way of screening kindergarten children before they enter school. Level Two screening is an efficient and effective way of providing individual diagnosis, evaluation, and curriculum needs information. The two levels of screening provide information which tends to provide educational and emotional adjustments and measures before a failure experience is felt by kindergarten children.

10. All or nearly all side-effects as anticipated materialized. These are as follows:

a. Staff participants, students, and parents did enjoy the experience.

b. The practitioner and participants are more knowledgeable about screening and readiness programs, learning disabilities, and immaturity.

c. Students appear to be more ready for school experience in the fall. Less vascillation appears among participants of the weeklong program than among children who did not participate.

d. Extension courses were arranged for participants who wanted to develop skills needed as a result of the practicum.

e. Communications were developed among parents, kindergarten teachers, administrators, and special education staff members that was apparently child-centered and in terms of solutions to needs.

11. Non-anticipated side-effects were assessed as well. These were plus factors in support of the practicum as follows:

a. A Diagnostic and Evaluation Clinic project (D & E Clinic) was federally funded to assess pre-school children who were suspected of having severe learning disabilities or multiple handicaps.

The funds were used to provide some follow-up services, stimulation, and therapy as deemed necessary.

b. The attitude of kindergarten teachers shifted concerning the definition of "school readiness." The responsibility shifted from the child's readiness state to the school's readiness state.

c. The screening process kept expanding to the point that the conception solution included spring and fall components, individualized diagnosis and evaluation components, and follow-up curriculum components.

d. Teachers were more inclined to accept immature students in the fall with the support of special educational staff members and the "Fall Probationary Period."

12. The required financial personnel, and time inputs anticipated by the practitioner were fairly accurate. Time has been the most sought after resource throughout this practicum effort by most of the participants.

13. Practitioner, Donald White, Assistant Superintendent, Re-1 Valley School District, has gained immensely from this practicum in the following ways:

a. A much greater understanding of what is meant by readiness screening project as applied to

kindergarten children was acquired by the practitioner.

b. Management skills of the practitioner were improved in developing and implementing an educational screening process with participants who possess different expertise, training, specialities, and interests.

c. An increased understanding of terms used in screening processes, readiness concepts, and learning disabilities, was realized by the practitioner.

d. Insights were gained in how to more effectively employ the services of superiors and subordinates in achieving a task with the magnitude and scope of this practicum. It would simply have been impossible without their support, cooperation, and assistance.

e. Realization of this practitioner that educational change and improvement is possible through well planned efforts which include development and implementation of goals, objectives, strategies for change, evaluations, and revisions based on educational needs as assessed and operationalized.

14. The practicum will be implemented as revised during the winter of 1976-77 for implementation in the spring of

1977, and for future years as continuously assessed and possibly revised. A Kindergarten Staff Handbook (working draft) and a Kindergarten Parent's Handbook (working draft) has been provided to reflect the experience of the 1976 kindergarten readiness screening program.

The handbooks are presently working drafts awaiting further revision before being printed.

Conclusions

The following conclusions are drawn from the results of this practicum project as they evolved from the development and implementation of an effective kindergarten readiness screening project:

1. The implementation of an effective kindergarten readiness screening program can result in:

    a. The educational needs of kindergarten children can be met more effectively.

    b. Increased cooperation, communications, and participation of kindergarten teachers, special education staff members, parents, and administrators can be achieved in working to detect and prescribe to the educational, emotional, and learning needs of kindergarten children.

    c. Improved initial school experiences for learners and their parents.

    d. Improved curriculum development for kindergarten

children since students will be better known by kindergarten teachers.

e. Improved screening, evaluation, diagnosis, and prescriptive follow-up for kindergarten students.

2. The implementation of the project can possibly be used to meet certain federal requirements such as the "Child Find" component, in a manner not to increase demands for additional money, staff, or classroom space.

3. The implementation of a kindergarten readiness screening program can be accomplished effectively if research is done, planning and development take place, and if process steps and descriptive terms are clearly defined.

4. The implementation of a process such as a kindergarten readiness screening program requires a large amount of skill in employing services of those participating in the task.

5. The appropriate focus of an effective screening program is on strengths as well as weakness. In emphasizing weaknesses only, the problem rather than the child is responded to.

6. Screening with an emphasis on follow through is apparently more child-centered than is a screening with an emphasis on those children whose development and abilities do not match the curriculum expectations of the school's program, which is apparently curriculum-centered.

Recommendations

The following recommendations are founded in the conclusions drawn relevant to the implementation of the practicum project:

1. There should be a concerted effort by all with responsible roles in education to understand and encourage the development and implementation of an effective kindergarten readiness screening program within their respective public school districts.

2. Constant effort must be exercised by all interested and knowledgeable persons in the field of education to bring conciseness and clarity of terminology in describing and identifying terms used in a kindergarten readiness screening program used to improve initial educational experiences.

3. Procedures for disseminating information regarding the effectiveness of kindergarten readiness screening programs in improving educational experiences for those with educational or emotional problems need to be continuously developed.

4. Communications with all participants in a screening program for kindergarten children must be carefully planned to avoid misunderstanding or misinterpretation.

ANNOTATED BIBLIOGRAPHY

Ames, Louise B., Clyde Gillespie, and John W. Streff. Stop School Failure. New York: Harper & Rowe, Publishers, 1972.

Common causes of difficulty and failure, ways to identify the causes, and ways to correct the causes are discussed in this book.

The authors emphasize that children should ideally be started and subsequently promoted or retained in school upon the basis of behavior age rather than chronological age.

Common causes submitted for school failure are immaturity, overplacement, visual or perceptual difficulties, emotional disturbance, and low intelligence.

This book also proposes ways to match child and school better. Research on success of retaining to correct overplacement is presented, also.

The authors contend that the single most common cause for school failure is immaturity.

Banet, Bernard. "Toward a Developmentally Valid Preschool Curriculum," High Scope Educational Research Foundation Report, 1976-76. Ypsilanti: High Scope Educational Research Foundation, 1976, pp. 7-12.

This article discusses preschool curriculum based upon characteristics of the learner. The valid educational, curriculum, method, procedure is valid if it can be described by the three criteria:

> First, it exercises and challenges capacities of the learner that are emerging at a given developmental stage:
> Second, it encourages and helps the learner to develop his or her unique pattern of interest, talents, long-term goals; and,
> Third, it presents the learning experience when the learner is developmentally best able to master, generalize, and retain that which is learned and relate it to past experiences and future expectations.

Also, it presents brief discussion of the four major determinants of cognitive development: maturation, experience, social transmission, and equilibration.

Further, this article stresses Piaget's comment that the predictable developmental sequences resist acceleration through adult intervention.

This article would be valuable to those who may be considering a review of entrance requirements, school readiness screening, or kindergarten curriculum revision.

Brenton, Anton. "Nature and Meaning of Readiness for School," Issues and Innovations in the Teaching of Reading. (ed. Joe L. Frost) Atlanta: Scott, Foresman and Company, 1967, pp. 55-80.

Readiness is defined in many different ways with each of the various definitions examined from alternative viewpoints.

Readiness may be an ongoing consideration for any person to begin any activity. Readiness in school is usually labeled in terms of the task, e.g., school readiness, reading readiness, second grade readiness, ect.

If in the connection with formal education, according to Brenton, we stress the task side of readiness for school in its individual-task relationship, then readiness clearly means readiness for school. The individual has to be ready for the tasks, the expectations, and the demands set up by the school.

However, according to Brenton, we may wish to define school readiness in terms of the school's commitment to develop a readiness to adopt the kindergarten curriculum to meet the individual child's ability through designing individualized tasks, expectations, and demands.

Bond, Guy L., and Miles A. Tinker. Reading Difficulties and Their Correction. New York: Appleton-Century-Crofts, Inc., 1957.

This book contains a presentation of the importance of early success in school assignments, tasks, demands, etc., and the fact that failure produces frustration, which leads to feelings of inadequacy, inferiority, insecurity, and perhaps even rebellion.

Bruner, Jerome. Toward a Theory of Instruction. Cambridge: Harvard University Press, 1967.

The part of this book which appears to be applicable

to this paper is the discussion of Bruner's concept of readiness to learn. Readiness is taught according to Bruner: Readiness consists of mastery of simpler skills that permits one to reach higher skills.

He also presents an interesting discussion on the blockages of learning adapted by the learner, such as "coping" and "defending."

Colorado Department of Education. Suggested Guidelines for the Identification of Handicapped Children. Denver: Colorado Department of Education, 1976.

This set of guidelines is applicable to this paper in distinctly important areas for consideration.

First, the concept that early detection and correction of learning disabilities is critical to the prevention of failure for the individual, and is less costly to school districts than the alternative consequences.

Second, the concept of maturation that is presented is important to this paper. Piaget, who demonstrates a constant order of stages in cognitive development does not view maturation as a product of the passage of time alone. He is quoted as saying "In some social environments the stages are accelerated, whereas in others they are more or less systematically retarded. This differential development shows that stages are not purely a question of maturation of the nervous system but are dependent upon interaction with the social environment and with experience in general." The challenge then is to provide the most appropriate experiences for each child's unique pattern of development.

Third, screening in a broad developmental sense helps to gain an understanding of children's diversity and variability.

Fourth, the cost of screening is certainly worth it, if children can be spared long periods of specialized training, retention, or failure.

Combs, Arthur W. "Humanizing Education: The Person in the Process." Humanizing Education: The Person in the Process. (ed. by Robert L. Leeper) Washington, D. C.: Association for Supervision and Curriculum Development, 1967, pp. 73-88.

This is an article dealing with the process of humanizing education. It was first presented as an address at the 22nd ASCD Annual Conference, March, 1967.

The role of self-concept and failure is discussed.

Students are taught what they are and who they are in everyday contacts in the classroon whether the teachers know it or not according to Combs.

He also stresses the value of self-concept. It is a basic cause of failure in all school subjects. It determines in high degree whether a person will be well adjusted or maladjusted, effective or in-effective in his dealings with life. It also plays a primary role in the achievement of self-actualization. It is fundamental in the growth and creation of intelligence itself.

With such a new knowledge of the importance of self-concept for human behavior, according to Combs, its exclusion from the classroom is simply unthinkable.

Cowgill, Mary Lee, et. al. "Predicting Learning Disabilities from Kindergarten," Journal of Learning Disabilities. November, 1973, pp. 577-582.

Several categories of learning disabilities appear early if teachers will look for them. They are as follows:

Immaturity
Attention span
Impulsiveness
Social adjustment
Emotional adjustment
Distractability
Motor control
Poor speech and language development.

Glasser, William. Schools Without Failure. New York: Harper & Rowe, Publishers, 1969.

Discusses failure and problems of failure, such as: loneliness, rejection, and withdrawal. He suggests methods and techniques for dealing with these.

Failure is a self-evaluation; however, if students can gain enough self-responsibility to work hard in school, and if the built in barriers to success are removed from all schools, many of the detrimental conditions an individual faces can be overcome.

If a child, no matter what his background, can succeed in school, he has a chance for success in life. If he fails, according to Glasser, at any stage of his education, his chances for success in life are diminished.

We must analyze what the schools are doing to the child.

Green, Robert L., Rita Bakan, Joseph McMillan, and Lawrence Lezotte. "Research and the Urban School: Implications for Educational Improvement" Second Handbook of Research on Teaching. Chicago: Rand McNally Publishing Co., 1967, pp. 601-632.

This article stresses the importance of parental involvement. It is a principle of school achievement that involvement of parents in the school leads to favorable attitudes toward education in the children.

This project will attempt to involve parents in the screening program.

Hainsworth, Peter K. and Marian L. Sigueland. Early Identification of Children with Learning Disabilities, The Meeting Street School Screening Test. Providence: Crippled Children and Adults of Rhode Island, Inc., 1969.

This book proposes, among other items of the test discussed, that immaturity is a measurable learning disability. It makes the assumption that schools should screen for it, and provide for it within individualized curriculum arrangements and groupings.

Heinz, Mamie W. Growing and Learning in the Kindergarten, Richmond: John Knox Press, 1959.

Stresses the findings that children who have good learning experiences in kindergarten are more ready later for learning the skill subjects such as reading, writing, and numbers.

Ilg, Frances L. and Louise B. Ames. School Readiness. New York: Harper & Row, Publishers, 1972.

Proposes behavior readiness for school tasks and suggests a testing program to prevent children from attending school if too immature to succeed. Behavior age is proposed as criteria for readiness rather than chronological age. The development of the child, at what age is he behaving, not just an age, an I.Q., or a reading readiness score is adequate according to the authors.

Their findings suggest that no matter how good the instruction and how adequate the school situation, boys and girls still need to have attained a certain

level of readiness or of behavioral maturity before successful learning can take place. The demands of the learning situation must match the child's behavioral maturity.

One of the projects selected as a comparable program and reported on in the research of other projects, the Weston Study, is described in detail in this book also.

The authors stress that perhaps the one single contribution that can be made toward guaranteeing that each individual child will get the most possible out of his school experience is to make certain that he starts that school experience at which for him is the "right time." This should be the time when " he is truly ready and not merely some time arbitrarily decided upon by custom or law."

Keogh, Barbara K., Chery Tchir, and Adele Winderguth-Behn, "Teacher's Perceptions of Educationally High Risk Children," Journal of Learning Disabilities. June-July, 1974, pp. 43-50.

A study consisting of fifty-eight kindergarten and primary teachers to determine their ability and accuracy, using their perceptions of children's behavior as possible indications of their being "high risk" children.

The findings lend clear support to use of classroom teachers as a first level screen for early identification of high risk pupils. Teacher's observations of classroom performances provide insight into children's learning and behavioral styles which facilitate or interfere with their school success. Some of these observations are reviewed for the reader.

The teacher is usually the first professional educator to come into contact with the child, and to observe him and compares him with his peers. We can accept the teachers judgement at the first level of screening.

King, Inez. "Effects of School Entrance in Grade One Upon Achievement in the Elementary School," Elementary School Journal. February, 1955, pp. 332-ff.

One of the key ideas adapted from this article is that children in their earliest of educational experiences must be successful. The author states that, "Children who are forced to learn subjects beyond their capacity and maturation develop anxiety and frustration."

Klasen, Edith. The Syndrome of Specific Dyslexia. Baltimore: University Park Press, 1972.

This book stresses some of the possible effects of immaturity as determined by the author, either in her clinical experiences, data conducted in studies, or in her research.

The child with dyslexia suffers in the areas of comprehension, emotional maturity, and social attitudes below their chronological age. The author suggests some such children tend to regress or remain in a relative "security of immaturity." There less is expected of him, he does not need to think ahead, to take responsibility, "to cope with a world which seems frightening to him, with which he feels inadequate to cope."

In the area of reading, the author states that sixty-five percent of children who are disabled readers suffer from anxiety, fear, and withdrawal. She suggests that "physiological maturity lag poorly trained them to cope with the academic learning experience."

She further states that her pathological findings revealed that disabled readers suffered from immaturity in thirty-three percent of her patients.

Other findings were as follows:

anxiety, 65%
lack of concentration, 39%
low frustration threshold, 31%
withdrawal, 21%
aggression, 15%

This practicum uses this information to emphasize the importance of behavioral maturity as a prerequisite to a successful kindergarten experience and the manifestations of the failure experience.

Lambie, Delores Z., James T. Bond, and David P. Weikart. Home Teaching with Mothers and Infants. Ypsilanti: High/Scope Educational Research Foundation, 1974.

The report supports the idea that mothers can successfully teach certain activities at home after being shown, or told, what those activities are.

Mardell, Carol and Dorothea Goldenberg. "For Prekindergarten Screening: DIAL" Journal of Learning Disabilities, March, 1975, pp. 18-25.

A first level screening test is described for

identifying prekindergarten children with potential learning difficulties, to indicate children who would require further in-depth analysis.

Behaviors tested are in six areas; sensory, motor, affective, social, conceptual, and language.

Rankings are done with comparable test groups -- "high risk," "moderate risk," "average," "above average," and "advanced."

Test development, pilot studies, field testing, and statistical analysis is presented.

One child can be tested in thirty minutes.

This paper will use the concept of the classifications of risk and the evidence that such children can be evaluated with a significant degree of confidence. Also, this paper utilized a first level screening concept, although different from individualized testing.

Miller, Wilma H. Identifying and Correcting Reading Difficulties in Children. New York: Center for Applied Research in Education, Inc., 1971.

Inadequate readiness can result in failure in early attempts in a reading program of instruction according to the author. Initial failure can cause a dislike for reading which often becomes permanent. A poor self-concept may develop which makes it even more difficult to teach reading. Poor reading scores generally indicate an initial inadequate readiness.

This portion of the book by Miller stresses the importance of readiness for instruction in skills areas.

Moore, Raymond S., and Dorothy M. Moore. Better Late than Early, A New Approach to Your Child's Education. New York: Readers Digest Press as distributed by E. P. Dutton & Co., Inc., 1975.

The authors propose that all parents seriously consider delaying the initial school experiences of their child two or three years beyond the normal entrance age of five for kindergarten.

They contend that early childhood education must take into consideration the development of the child's brain, vision, hearing, perception, emotions, sociability, family, and school relationships. For each of these factors there appears to be a level of maturity at which most children can without serious risk, leave normal homes and begin typical school tasks.

Aspects of human development, or the variables within

the person, include the affective, psychomotor, perceptual, and cognitive behavior. The degree of coordination among these variables is indicated by a higher level of motivation and an increased ability to learn, "without undue stress and strain." According to the authors, when all of these variables have matured, an appropriate state of readiness has been for structured school learning experiences.

This project does not adopt the author's belief in delay for beginning formal experiences for all children, but does accept the principle that another year at home could be beneficial to the child's initial educational experiences in certain instances.

National Diffusion Network, HEW. "Project Early Prevention of School Failure," Educational Programs That Work. Colorado State Facilitator, Title III, E.S.E.A., 1975, pp. 29-30. (A complete report was obtained also from Mrs. Luceilde Werner, Director, Early Prevention of Child Failure Project, Title III, E.S.E.A., 114 North Second Street, Peotone, Illinois, 60468.)

Descriptions of a project somewhat similar and comparable to this practicum project, at least as far as some of the applicable concepts are concerned, is described.

The bibliography entry contains the essential elements of information concerning projects which have been validated by on-site validation teams funded by H.E.W. as successful.

The goal of the Early Prevention of School Failure project is to prevent school failure through early identification and remediation of developmental learning deficiencies. To screen all children prior to their entry into kindergarten in order to identify their learning styles and to identify those children with learning problem is part of the comparable project which is adapted by this practicum.

Further, the comparable project and this practicum hope to provide services for children identified as having moderate or severe learning problems.

Children initially identified as having severe learning problems made sufficient achievement gains to establish that school failure can be prevented when learning problems are identified early and special assistance is provided as an integral part of the total learning program.

This practicum will provide special education intervention by special education staff members to those children evaluated as having such a need.

Communication formats are suggested for different types of communications with parents.

A list of suggested summer experiences and activities suggested for parents to do at home is included in this reading.

Odon, P. B., et. al. "Intellectual Development of Children and Bioplasmic Forces," Phi Delta Kappan. February, 1974, pp. 407-412

This is an interesting article on children's intellectual development, however, one main idea was taken from the article concerning possible damage to a child's learning potential and his initial academic learning experience.

Odon proposes that certain studies in child and cognitive development suggest that academic learning before a child is ready will reduce his subsequent learning potential.

This practicum hopes to provide a successful first experience in the academic realm by providing a screening program which will reveal a child's readiness for certain school tasks.

Parker, Ronald K.. The Preschool in Action: Exploring Early Childhood Progress. Boston: Allyn & Bacon, Inc., 1972.

Chapter 16, "Comparisons of Preschool Curricula" presents curriculum, projects, activities, teacher's role, and parent's role within different identifiable preschool projects.

The parent's role in most programs generally is described as to know what the school is doing, what the goals and activities are, and supporting the school at home. The parent roles are considered important by the various program designers.

This practicum will adopt this generally described role for parents in this project.

Petrone, Fred R.. The Developmental Kindergarten: Individualized Instruction through Diagnostic Grouping. Springfield: Charles C. Thomas, Publisher, 1976.

This book presents a discussion of the typical kindergarten curriculum and how it can be replaced by a basic skills approach using the developmental program as described.

The focus is on acquisition of social, language, visual, listening, numerical, and perceptual motor skills through small group instruction with individual characteristics emphasized in the grouping.

The book further describes a "Rate of Learning" concept which measures the effects of instruction on the developing capabilities of the child, in terms other than I.Q. and group readiness tests.

Petrone states that "the early instructional years are critical for the learner; and properly reconstituted, they could prevent the development of learning disorders. Early identification and early intervention are necessary to prevent learning disabilities."

The kindergarten is utilized as a diagnostic-instructional-evaluative program of learning. The primary purpose of the pre-test is to direct the teacher to those areas of weakness which require special instruction. A month or two of familiarization is no longer necessary, according to Petrone, and instructional time is not wasted. This practicum utilized the pre-test idea combined with teachers observation as a first level of screening. An acquaintance with the children becomes possible, such as is possible for the first, second, and third grade teachers. Teachers will gain some prior knowledge of students which will help in the formulation of ideas concerning needs, capabilities, learning disabilities, etc., of their children before school begins.

Rubin, Rosylan. Sex Differences in Effects of Kindergarten Attendance on Development of School Readiness and Language Skills. Minneapolis: Bureau for Educationally Handicapped, 1972.

Rubin stresses differences of school achievement between the sexes in kindergarten in this article.

Of importance to this practicum is her statement that the "extra years of incidental out-of-school (unplanned) maturation allowed more learning to take place when boys entered school during the following year." Accordingly, no apparent harm is done children by remaining out of school, according to Rubin.

School Readiness Survey. Palo Alto: Consulting Psychologists Press, 1967.

Not all children are ready for school experiences at the age of five, according to the writers. Thus many are subjected to learn materials for which they are not

ready. This initial failure in school frequently is the beginning of a long series of school failures.

The book points out that ten to twenty percent of a typical kindergarten class have to repeat one grade before they finish school.

This practicum proposes to provide a program that will reduce the frequency of immaturity being a factor for failing experiences in kindergarten.

Senf, Gerald M. and Andrew L. Comrey. "Report 1: The SCREEN Early Identification Procedure," Journal of Learning Disabilities. August-September, 1975, pp. 52-59.

Senf and Comrey present a test that they propose predicts school problems and also focuses on diagnostic follow-up that may be necessary. The test, called SCREEN, may be used for pre-schoolers and also for those entering school for the first time.

They stress the importance of effectively communicating results to the people who must provide follow-up, or have them involved with the testing. Effective follow-up makes investment of time, money, and effort more cost effective, according to the authors.

Typical "readiness" tests, according to the authors, attempt to assess the whole range of functioning rather than focusing on the "high risk" pupils, which results in excessively long testing time or statistical weakness in discriminating differences at the lower end of the scale.

The emphasis for testing is to identify "high risk" children predicted to encounter academic and adjustment problems before failure further lowers their academic and adjustment problems.

SCREEN is a group administered screening device for teacher use, which along with the teacher's first hand observation, would assist in identification of "high risk" children with extra educational needs and provides the teacher with a better basis for referral recommendations.

This practicum adapts the concept of such a test, although the teachers and psychologists of this district designed their own test and observation time. Involvement of special education staff was during the week long readiness screening program as described in this project, and periodically during the "Fall Porbationary Period." This practicum also adapted the concept that we would hope that no child would have special help only after his problems had become significantly disabling.

Senf, Gerald M., and Ronald P. Grossman. "State Initiative in Learning Disabilities: Illinois Project SCREEN: Report III: Local and State Opinion Regarding the Concept of Learning Disabilities," Journal of Learning Disabilities. November, 1975, pp. 56-65.

This report describes attitudes of twenty-five state coordinators regarding the learning disabilities construct, and in-depth studies of five Illinois special education cooperatives.

The involvement of the classroom teacher in the screening process and communications with special education staff is stressed. The staffing process, utilizing the parent as an information giver, and active participant, is presented.

Senf and Grossman indicate that when students with learning disabilities receive less than adequate attention, they fall farther and farther behind. In order to be placed in a program appropriate to his needs, the disabled student, must in most instances, fail. Whatever benefits he may eventually receive from that school district's remediation services come to him only at the cost of considerable self-esteem. And in some cases, "that cost of getting into an appropriate program may never be amortized. It would therefore seem that what is necessary is a program of testing which can identify a child's problems before he has even had a chance to fail."

This practicum utilizes the parent as an information source concerning her child. The parent is invited to participate in staffings as in this article, and further, will retain veto power over suggested curriculum in any special education areas. This project aims towards identifying problems children have in the Level One screening, and in subsequent Level Two follow-up evaluations.

Senf, Gerald M. and Leonard W. Sushinsky. "State Initiative in Learning Disabilities: Illinois Project Screen. Report II: Definition and Illinois Practice," Journal of Learning Disabilities. October, 1975.

The definitional section of this report suggests the position that learning disabilities, as a construct implying child-centered deviance, cannot long survive and that the real issue lies with the delivery to the child experiencing difficulties in the interaction with the school rather than in the wording of the specific definition of learning disabilities.

The authors present a Child-School Interaction Model

that proposes that all education be general education with individualized education being designed to help "each child reach his full potential."

This practicum would propose that this district is only moving in the direction that the authors suggest. However, this practicum does adapt the concept that the interaction of the child in his or her educational setting is the basis for delivery of special services.

Shaw, Merville C., "Underachievement: Useful Construct or Misleading Illusion." Psychology in the Schools. 1968, pp. 41-46.

According to Shaw, underachievement and negative self-image are correlated. Hostility is directly related. He further observes that underachievers in high school were often underachievers in their earliest school years.

This article will be used as part of documentation that the effects of initial experiences are important and are generally long lasting in nature.

Stern, Catherine, and Toni S. Gould. Children Discover Reading. Syracuse: Random House/L. W. Singer Company, 1965.

The authors stress that beginning experiences of any kind in the learning of reading must be successful. Maturity, perceptual skills, and interest in the activity are the three criteria for successful first experiences.

This information is used in this practicum to support the critical need for assessments for appropriate maturity for entrance into kindergarten under our present curriculum centered construct. The recommended screening for perceptual skills is a significant part of our readiness screening project.

Weinstein, Gerald and Mario Fantini. Toward Humanistic Education: A Curriculum of Effect. A Ford Foundation Report. New York: Praeger Publishers, 1970.

The authors propose that significant contact with pupils is most effectively established and maintained when the content and method have an affective basis.

The authors also define the disadvantaged as "everyone who is denied what he needs for fulfillment of his human potential."

Concerns of students that control motivation are as

follows:

concern for self-image
concern about disconnectedness
concern about control over one's own life

Teachers must recognize that self-concepts, concerns, and some knowledge enters into school with each child. This must be recognized as good.

Zeitlin, Shirley. Kindergarten Screening: Early Identification of Potential High Risk Learners. Springfield: Charles C. Thomas, Publisher, 1976.

This book describes the various aspects, implications and direction of pre-kindergarten and kindergarten screening in order to facilitate the development of screening programs appropriate to the needs, and educational facilities.

Contains rationale, purpose, and models for screening. Many screening instruments are detailed. Also a discussion of possible abuses and matters of concern, such as evaluation of screening is included in this recent publication.

This book could be considered as a good overview document to be read by those considering the development and implementation of a new screening project, or the revision of an established project.